

Date	Client Registration Form With Child Confidential Information
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Your Information

Parent/Guardians Name	Birth Date
Child's Name	Birth Date

Contact Address

Address		Suite/Apt
City	State	Zip Code

Contact Communication

Phone Number	Cell Number
E-Mail	Second E-Mail

Family Information

Member(s)	Relation
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Detailed Information

Presenting Problem

What have you already done to resolve the problem? What has helped?

Prior Counseling/Treatment

Other Information

School	Medication
Allergies	Pediatrician
Special Needs	Referred By

Behavior Problems (check where appropriate)

Difficulties in school/daycare	Frequent tantrums	Defiance
Inflexible	Aggressive with family/friends	Anxious
Refuses to follow directions	Trouble separating	Swearing

Other Behavior Problems

Please List