



PARENT INFORMATION FORM

PARENT(1)

Name Birth date

Are you the biological adoptive stepparent? Marital Status _____

Race/Ethnicity Occupation Level of Education

Email Address

Address

Cell Phone Work Phone Home Phone

May I use my name when calling? Yes No

PARENT (2)

Name Birth date

Are you the biological adoptive stepparent? Marital Status _____

Race/Ethnicity Occupation Level of Education

Email Address

Address

Cell Phone Work Phone Home Phone

May I use my name when calling? Yes No

Do other adults live in the home? Yes No

If so, please list their names and relationship(s) to the family:

CHILD INFORMATION

Child's Name _____

Area of Concern _____

Do you have any specific goals for treatment?

Has the family (or any individuals in the family) been in therapy before? Yes No

If yes, when and for how long? _____

CHILDREN

Name of Child	Age/BD	Grade	School

PLEASE FEEL FREE TO INCLUDE ANY OTHER INFORMATION THAT YOU BELIEVE IS RELEVANT TO YOUR MENTAL HEALTH TREATMENT, NOT PREVIOUSLY REQUESTED.