

Family Contact Information



Today's Date: _____

Client Name: _____

Date of Birth: _____

Parent: _____

Relationship to Child: _____

Guarantor

Custodial Parent

Non-custodial Parent

Legal Guardian

Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Employer: _____

Position: _____

Work phone: _____

Parent: _____

Relationship to Child: _____

Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Employer: _____

Position: _____

Work phone: _____

Guarantor

Custodial Parent

Non-custodial Parent

Legal Guardian

We recognize that each family arrangement is unique. You may write additional comments below.

Written documentation may be required for ongoing services including applicable court orders and custody agreements.

Additional Comments:

Please list others involved in the care of the child who may receive general information about services received such as appointments, schedule details, summary of session work and forms. You may specify your preference for each person or write additional comments below. Be sure to include stepparents, grandparents, caregivers, nanny, CAP workers, or others:

Relationship to child: _____

Name: _____

Cell phone: _____

Appointments / Schedule

Session Summary

Form Delivery

Relationship to child: _____

Name: _____

Cell phone: _____

Appointments / Schedule

Session Summary

Form Delivery



Others involved in the care of the child (continued)

Relationship to child: _____

Name: _____

Cell phone: _____

Appointments / Schedule Session Summary

Form Delivery

Relationship to child: _____

Name: _____

Cell phone: _____

Appointments / Schedule Session Summary

Form Delivery

Additional Comments:

I acknowledge that the information provided above is necessary to receive services. The information I have provided is accurate to the best of my knowledge. I hereby authorize the use or disclosure of my child's individually identifiable health information to those included on this form. I agree to provide additional information about divorce, separation and custodial agreements or other legal documents. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulation.

Name

Relationship to client

X _____

Signature

Date