



5665 West Maple Road, Suite A
West Bloomfield, MI 48322
(248)851-KIDS (5437)
www.ChildAndFamilySolutionsCenter.com

CLIENT INFORMATION FORM

Today's date _____

Client's name _____ Date of birth _____

Age _____ Social Security # _____

Home address _____

City _____ State _____ Zip _____

Phone # (cell) _____

Mother's name _____ Father's name _____

Employer _____ Employer _____

Phone # (home) _____ Phone # (home) _____

Phone # (work) _____ Phone # (work) _____

Phone # (cell) _____ Phone # (cell) _____

E-mail address _____ E-mail address _____

Parent's marital status _____ Step-mother _____

Date married _____ Step-father _____

Date divorced (if applicable) _____

Current custody arrangement _____

Referred to practice by _____

Address _____ City _____ Phone _____

School information

School _____ School district _____

Current grade _____ Teacher/counselor _____

School phone # _____

Please list previous schools

<i>Name</i>	<i>Grades</i>	<i>Years attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been evaluated for special education or a Section 504 plan? _____

If yes, does the child have an IEP? _____ Date of most recent review? _____

Has your child ever been retained? _____

Health information

Pediatrician/family physician _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Psychiatrist _____ Phone # _____

May we contact the physician to provide a consultation? _____
(If yes, a release of information will be signed at the intake.)

Family

List of (full/half/step) siblings in order of age

<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>History of illness (physical/mental)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other people living in the home: _____

Primary language spoken in the home: _____

Secondary language spoken in the home: _____

Non-residential adults involved with your child on a regular basis: _____

Prior Psychological Services

Has the child/family received prior psychological services? _____

If yes, please list previous therapists/psychiatrists, dates of services, and reason for seeking services:
