

# Psychological Health, Wellness, & Development, Inc.



## Client Information

Name of Client: \_\_\_\_\_

Address of Client: \_\_\_\_\_

Date of Birth of Client: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (email): \_\_\_\_\_

Parent/guardian 1: \_\_\_\_\_ (phone): \_\_\_\_\_ (email): \_\_\_\_\_

Parent/guardian 2: \_\_\_\_\_ (phone): \_\_\_\_\_ (email): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ relation: \_\_\_\_\_ (phone): \_\_\_\_\_

Health Insurance: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Name and Birthdate of Primary Insured: \_\_\_\_\_

For Minor Client:  
Legal Custody %: \_\_\_\_\_  
Physical Custody %: \_\_\_\_\_

Documentation Provided?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

Referred by: \_\_\_\_\_ May I contact this referral?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_