

Trinity Family Counseling

595 Copeland Mill Rd. Suite 1A, Westerville, Ohio 43081

Information Sheet — Child

Last name: _____ First name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Gender: Male Female Date of Birth: _____ Ok to copy? _____

Full-time Student: Yes No Grade: _____ Age: _____

Email address: _____

RESPONSIBLE PARTY INFORMATION (Note: If parents are separated or divorced, the parent bringing the child is considered the responsible party.)

Last name: _____ First name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Ok to call & leave message at: Cell Home Work Ok to copy? _____

Email address: _____ Relationship to Client: _____

SSN: _____ - _____ - _____ Age: _____ Date of Birth: _____

Single Married Divorced Separated Other _____

Employer: _____ Occupation: _____

If married: Spouse's name: _____ Employer: _____

Primary Insurance Company: _____ Policyholder Name: _____

Policyholder Date of Birth: _____ Who referred you to Trinity Family Counseling? _____

EMERGENCY CONTACT PERSON

Full name: _____ Relationship to Client: _____

Address: _____ City, State, Zip: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Email address: _____

OFFICE USE ONLY