



## CLIENT INFORMATION FORM

Please complete the information requested for each person currently living in your home.  
Use the back of last page for additional space, if needed.

<u>Name</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Sex</u>	<u>Grade Completed</u>
1.				
2.				
3.				
4.				
5.				
6.				

Please list any children under 18 NOT currently living in the home.

<u>Name</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Sex</u>	<u>Grade Completed</u>
1.				
2.				
3.				

Referred by: \_\_\_\_\_

Have you been to the Parenting Center before? YES NO If yes, when? \_\_\_\_\_

Are you presently receiving services from another agency? \_\_\_\_\_ Agency Name \_\_\_\_\_

Have you been in counseling before? \_\_\_\_\_ Where? \_\_\_\_\_





**Consent for Evaluation and Treatment for Adult:**

Being satisfied of the necessity for evaluation and treatment, I do hereby consent to diagnosis and treatment under the direction of The Parenting Center.

\_\_\_\_\_ (Client signature) \_\_\_\_\_ (Date)

**Consent for Evaluation and Treatment for a minor child:**

I certify that I have the right to obtain counseling services for \_\_\_\_\_, a minor child. I do hereby consent to diagnosis and treatment under the direction of The Parenting Center.

\_\_\_\_\_ Parent / guardian / conservator \_\_\_\_\_ Relationship to child \_\_\_\_\_ (Date)

Name of parents if other than guardian or managing conservator: \_\_\_\_\_

**Please provide a copy of the court order for guardianship or managing / possessory conservatorship.**

**Services:**

I agree to be treated by qualified staff members of The Parenting Center under the direct supervision of a licensed therapist.

\_\_\_\_\_ (initial)

I certify that this information is correct to the best of my knowledge. I also understand that I am responsible for any charges incurred by receiving services at The Parenting Center and will make payment at the time of service. I have read and understand all the information presented to me regarding *client confidentiality, and financial responsibility.*

\_\_\_\_\_ (Client/Parent signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (The Parenting Center Representative) \_\_\_\_\_ (Date)