

Information supplied by: _____ Relationship to child: _____

Child's Name: _____ Name he or she likes to be called: _____

Birth Date: _____ Age: _____ School: _____ Grade: _____

Child's Address: _____
Street and Number City State Zip

Child's Home Phone #: _____ Child's Cell#: _____

Child's E-mail Address: _____

Name & Age of Any Siblings: _____

Mother's Name: _____ Birth Date: _____

Mother's Address: _____
Street and Number City State Zip

Mother's Home #: _____ Work #: _____ Cell#: _____

Mother's E-mail Address: _____

Father's Name: _____ Birth Date: _____

Father's Address: _____
Street and Number City State Zip

Father's Home #: _____ Work #: _____ Cell#: _____

Father's E-mail Address: _____

Parent's marital status: Single Married Divorced Separated Widowed

If divorced or separated, do you have a shared parenting agreement or sole custody of your child?

- Shared Parenting (joint decision-making for your child's care)
- Sole Custody (for all decision-making, including medical decisions)
- Other: _____

If divorced or separated, what is the residential custody agreement?

Days and times at mother's house: _____

Who resides in mother's house (names and ages): _____

Days and times at father's house: _____

Who resides in father's house (names and ages): _____

I confirm that the information I provided above is accurate.

For parents whom are separated, divorcing, or divorced: I understand that it is Dr. Leugers' practice policy to obtain written consent from both parents and ideally meet with both parents (together or separately) prior to meeting with my child. I understand that if both parents are involved in bringing my child to therapy and/or paying for psychological services, both parents' e-mail, phone, and address information needs to be entered my online practice management system, and both parents need to have access to the login and password for my child's account. If I have sole custody of my child or adolescent and do not wish Dr. Leugers' to contact my child's other parent, I understand that I need to provide a copy of the custody agreement and will do so prior to my child's initial appointment with Dr. Leugers.

Date: _____

Signed: _____
(Parent or Guardian Signature for minor client)

Date: _____

Signed: _____
(Witness)