

**Chattahoochee Child Psychology, LLC**  
**Client Information Sheet**

**Please Print Clearly**      **THIS SHEET MUST BE FILLED IN COMPLETELY**      Previous Client: Yes No

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Client's Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_      Client ID # (for office use): \_\_\_\_\_

Client's First Name: \_\_\_\_\_      Last Name: \_\_\_\_\_      MI: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_\_      Gender : F M      Race: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Person Responsible for Payment: \_\_\_\_\_      Soc. Sec. # \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Mother's Employer: \_\_\_\_\_      Father's Employer: \_\_\_\_\_

**Emergency Information, In case of emergency, contact:**

Name: \_\_\_\_\_      Relationship to client: \_\_\_\_\_

Phone (Home) \_\_\_\_-\_\_\_\_-\_\_\_\_ (Work) \_\_\_\_-\_\_\_\_-\_\_\_\_ x \_\_\_\_ (Cell) \_\_\_\_-\_\_\_\_-\_\_\_\_ (Pager \_\_\_\_-\_\_\_\_-\_\_\_\_)

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Pediatrician: \_\_\_\_\_      Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Psychiatrist: \_\_\_\_\_      Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Other Physician: \_\_\_\_\_      Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Referral Source**

How did you hear of Dr. Green (or from whom)? \_\_\_\_\_

Client's Relationship to referral source: \_\_\_\_\_