

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): ____-____-____ Telephone (Cell): ____-____-____

Birth Date: ____/____/____ Age: ____ Race/Ethnicity: _____

Gender : F M Non-Binary Transgender Female Transgender Male Other

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: _____