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CHILD/ADOLESCENT REGISTRATION FORM

Today’s Date:

Child's Name: Age: Date of Birth: \_\_\_\_\_\_

School: Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Phone (home): \_\_\_\_\_\_

City, State, Zip: Phone (work): \_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (other): \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Phone: \_\_\_\_\_\_

Parent's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Phone (home): \_\_\_\_\_\_

City, State, Zip: Phone (work): \_\_\_\_\_\_

County: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Phone (other): \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If divorced, do parents have joint parental responsibilities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, who has primary parental responsibility/decision making? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_**

How was the custody/decision making determined? (i.e. informal agreement, court order, death of parent, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list child's siblings in rank order of their birth. Next to name, indicate their age:

 \_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_**

Present Health Concerns: \_\_\_\_\_\_\_\_\_\_\_\_

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

Hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_

**What is the primary concern or problem for which you are seeking help? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Previous Counseling: \_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_**

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