

Client Information Form

Maribeth Nelson, MA, LPC

maribeth@harmonizingforkids.com

www.harmonizingforkids.com • (720) 201-8868

Date _____

Child's Last Name _____ First Name _____

Parents'/Caregivers Names _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent(s) Work/Cell Phone _____

Parent(s) E-mail _____

Child's Cell Phone _____ Child's Email _____

Child's Birth Date _____

School _____ Grade _____

School Address/Phone _____

Parent(s) Employer(s) _____

Other Family Members in the Home

Name(s)	DOB or Age	Sex (M or F)	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency. Call:

Name	Phone	Relationship
_____	_____	_____

Signature of Client or Person Responsible for Client _____ Date _____

Is it all right to: call you at home _____, call you at work _____, leave messages at home _____, leave messages at work _____, email you _____, text you _____?