



**New Client Information  
(Minor)**

Today's date: \_\_\_\_\_

Thank you for your cooperation in completion of this form. Please notify me if any of the following information changes during the course of your child's treatment.

**Contact Information:**

**ABOUT MINOR:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

If I need to contact your child, do I have your permission? \_\_\_\_\_ Yes \_\_\_\_\_ No

How do you prefer they are contacted? \_\_\_\_\_ Phone \_\_\_\_\_ Text \_\_\_\_\_ Email

**ABOUT RESPONSIBLE PARTY:**

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (work): \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

If I need to contact you, do I have your permission? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Cambron Counseling 33300 Egypt Lane, Suite K900 Magnolia, Texas 77354 832-585-3656 tarah@cambroncounseling.com



How do you prefer to be contacted? \_\_\_\_\_ Phone \_\_\_\_\_ Text \_\_\_\_\_ Email

Can I send appointment reminders to you Email address? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ANY OTHER ADULT WITH CUSTODY OF CHILD:**

Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (work): \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**IF THE MINOR'S PARENTS ARE UNMARRIED, DIVORCED, OR DIVORCING, PLEASE PROVIDE CAMBRON COUNSELING COPIES OF ALL CURRENTLY APPLICABLE CHILD CUSTODY/CONVERATORSHIP, VISITATION AGREEMENTS AND COURT ORDERS, AND/OR DIVORCE DECREE. PLEASE BE AWARE THAT BOTH PARENTS/GUARDIANS MAY NEED TO PROVIDE CONSENT PRIOR TO YOUR CHILD RECEIVING COUNSELING SERVICES.**

***Emergency Contact Information:***

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Can this phone receive texts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Permission to contact in case of emergency? \_\_\_\_\_ Yes \_\_\_\_\_ No

***What Brings Your Child to Cambron Counseling?***

▪ Briefly describe your concerns for which you are seeking help for your child:

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

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▪What do you hope for your child to accomplish during therapy?

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***Social Information:***

▪Other children's (brothers/sisters) names and ages (if applicable):

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▪What hobbies or special interest does your child have?

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▪What do you think are your child's personal strengths/weaknesses?

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***Educational Information:***

▪Current School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

▪How is your child performing (i.e., emotionally, educationally, socially, developmentally) in school?

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▪Any previous academic testing/assessments? If so, what were the findings?

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***Medical Information:***

▪Has your child ever received a mental health diagnosis? \_\_\_\_\_ Yes \_\_\_\_\_ No



▪If “yes”, what was the diagnosis? \_\_\_\_\_

▪Is your child currently under the care of a doctor or psychiatrist? Explain:  
\_\_\_\_\_  
\_\_\_\_\_

▪Does your child take medication (prescribed or over the counter)? If so, please explain what for:  
\_\_\_\_\_  
\_\_\_\_\_

▪Has your child participated in counseling/therapy in the past? If so, what are your feelings towards their treatment?  
\_\_\_\_\_  
\_\_\_\_\_

▪Any additional information important for me to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (s) of Parent/Guardian \_\_\_\_\_

Print Name (s) \_\_\_\_\_

Date \_\_\_\_\_