



INFORMATION SHEET -- MINORS

Person completing form: _____ Today's Date: _____

Minor's name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Message phone: _____

Who is the primary contact person responsible for minor? _____

Who has legal custody/guardianship of the minor? _____

Mother's name: _____ Mother's age: _____

Address: _____

Employer: _____

Work phone: _____ Home phone: _____

Father's name: _____ Father's age: _____

Address: _____

Employer: _____

Work phone: _____ Home phone: _____

Other adults legally or medically responsible for minor:

Name: _____ Relationship to minor: _____

Phone: _____ Message phone: _____

Minor's school: _____ Grade: _____ Phone: _____

List current medical issues or medications: _____

Minor's doctor: _____ Phone: _____

Has minor ever seen another counselor? ___ Yes ___ No

If yes, whom? _____ When? _____

Please list any additional information you want/need counselor to know: _____

