



1027 W. Horsetooth Rd. Suite 200  
Fort Collins, CO 80526  
Phone (970)472.1207 Fax (970)493.1305

CLIENT INFORMATION FORM

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Child prefers to be called: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers	Check if OK to leave messages:
Home #: _____	<input type="checkbox"/>
Cell #: _____	<input type="checkbox"/>
Work #: _____	<input type="checkbox"/>

E-mail Address: \_\_\_\_\_

Check e-mail how often? \_\_\_\_\_ OK to e-mail: Yes No

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers	Check if OK to leave messages:
Home #: _____	<input type="checkbox"/>
Cell #: _____	<input type="checkbox"/>
Work #: _____	<input type="checkbox"/>

E-mail Address: \_\_\_\_\_

Check e-mail how often? \_\_\_\_\_ OK to e-mail: Yes No

The child's parents are/were:

Currently Married Never Married Currently Divorced Currently Separated Other \_\_\_\_\_

Please list siblings and their dates of birth: \_\_\_\_\_

Name of all Insurance Companies for client (please provide card to photocopy): \_\_\_\_\_

Briefly tell us the concerns that bring you in today: \_\_\_\_\_