



MINOR CLIENT INFORMATION (Please Print)

CONFIDENTIAL

Child's Name: _____ M / F Date of Birth: _____
Last First circle

<p>Mother's/Guardian's Information:</p> <p>Name: _____</p> <p>Address: _____ P.O. Box or Street</p> <p>City _____ State _____ Zip _____</p> <p>Email Address: _____</p> <p>Phone Number: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work</p> <p><i>As a courtesy, Renewal Centers, Inc. provides appointment reminders. Please check your preferred method of notification:</i> <input type="checkbox"/> phone call <input type="checkbox"/> email</p>	<p>Father's/Guardian's Information</p> <p>Name: _____</p> <p>Address: _____ P.O. Box or Street</p> <p>City _____ State _____ Zip _____</p> <p>Email Address: _____</p> <p>Phone Number: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work</p> <p><i>As a courtesy, Renewal Centers, Inc. provides appointment reminders. Please check your preferred method of notification:</i> <input type="checkbox"/> phone call <input type="checkbox"/> email</p>
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Parents are: Married Separated Divorced Never Married

Child lives with: Both Mom Dad Guardian

Note: If child's parents are divorced, Arizona State Statutes require that Renewal Centers obtain the signed consent of both parents or have a custody agreement on file before the child can be seen by a therapist. NO EXCEPTIONS!

School Name: _____ Grade: _____

Family Physician and/or Other Health Care Provider: _____

How were you referred to us: _____

INSURANCE INFORMATION (If using)

Primary Insurance Company Name: _____

Insured's ID Number _____ Group Number _____

Insured's name _____ Date of Birth: _____

Insured's Relationship to Client: Mother Father Guardian

Insured's Gender Male Female Insured's Phone Number _____

Insured's Address (if Different from client) _____

City/State/Zip _____