

# Welcome to LDTherapy Client Information Form (Adolescent)

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

Name of Parent/Guardian: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Siblings? \_\_\_\_\_

If yes, what are their ages?

\_\_\_\_\_

Is it okay for me to send mail to your address if necessary? Yes  No

Parent/Guardian Phone # \_\_\_\_\_

Child's # (if applicable) \_\_\_\_\_

Is it okay for me to contact you by phone? Yes  No

Is it okay for me to leave you a voicemail if necessary? Yes  No

Parent/Guardian's Email Address \_\_\_\_\_

Child's Email Address \_\_\_\_\_

Is it okay for me to email you regarding non-clinical matters (i.e. scheduling)?

Yes  No

\*Please note that email is not a confidential form of communication and I strongly discourage any

electronic communication of clinical relevance.

Permitted Methods of Contact for Parent/Guardian (check all that apply):

Phone  Mail  Email  Text Message

Permitted Methods of Contact for Child/Teen (check all that apply):

Phone  Mail  Email  Text Message

Parent's Marital Status: Single  Married  Divorced  Legally Separated  Widowed   
Domestic Partnership

What is the main reason you are seeking therapy for your child?

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Has your child ever been in therapy before? If yes, where and when? For the same reason or a different one?

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School that child attends and current grade \_\_\_\_\_

Does your child have difficulties learning? Does your child have an IEP and if so, what services are they receiving in school?

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Is your child taking any medication? If yes, what is it being prescribed for?

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Parent's Occupation \_\_\_\_\_

Do you have medical insurance? Yes  No

If yes, what company is your medical insurance with? \_\_\_\_\_

Do you have out of network benefits? Yes  No  Unsure

Will anyone be helping pay for your therapy? Yes  No  Unsure

If Yes, whom? Spouse  Family  Friend

How did you hear of LDTherapy? \_\_\_\_\_

**Emergency Contact Information:**

Name of Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Does your emergency contact know that your child comes to therapy? Yes  No

Signature provides authorization for all forms of contact methods as identified above as well as authorization to call the emergency contact listed should LDTherapy deem it necessary:

Signature \_\_\_\_\_

Date \_\_\_\_\_