



DEMOGRAPHIC FORM
CHILD & ADOLESCENT

Personal Information:

Child's name: _____
Preferred name: _____ Gender identity: _____
Date of Birth: _____ Age: _____ SS# _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email address: _____
Referral source: _____

Where would you like to be seen?

Lacey clinic: _____ Longview clinic: _____ Telehealth clinic: _____
If you would like to be seen via our Telehealth clinic, which *originating site* will you connect from?
(such as a clinic, St. Pete's Hospital, home, etc.) _____

Education:

Current grade: _____ Has IEP? ___ Yes ___ NO Has 504 Plan? ___ Yes ___ No

Parent(s)/Guardian(s):

Name: _____ Name: _____
Occupation: _____ Occupation: _____
Phone: _____ Phone: _____

Are biological parents divorced or legally separated? ___ Yes ___ No. If yes, please attach a copy of the parenting plan or court order designating child custody and check one box below:

___ Joint healthcare decision-making ___ Shared healthcare decision-making
___ Sole healthcare decision-making granted to _____
Other _____

Previous mental health services:

Has the child been in counseling/therapy before? ___ Yes ___ No:
If yes, with whom? (Name of previous counselor/therapist) _____

Address: _____
Telephone number: _____ Fax number: _____

Outcome of counseling/therapy with previous provider/s:

Medical history:

Pediatrician/Primary care physician/Clinic: _____
Address: _____
Telephone number: _____ Fax number: _____



Current medications (prescribed and over-the-counter)

Any past mental health hospitalizations? ____ Yes ____ No

If yes: Name of facility: _____

Alcohol and drug history (past & present):

Reason(s) for seeking counseling or therapy:

Financial Policy:

Payment is due at the time of service. A 48-hour notice is required for cancellations; please see our Informed Consent for no-show and last-minute cancellation penalties. If your insurance denies our claim, you will be responsible for the full amount.

Child/Adolescent Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____