

Welcome to Lynnika Draper Therapy Client Information Form (Child/Adolescent)

Child/Adolescent's 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?

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

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?

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

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 Alyssa Mairanz Therapy? _____

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 Lynnika Draper deem it necessary:

Signature _____

Date _____