

Child/Adolescent Information Sheet

F. Sean Redeker MA, LPC, CI, NCC

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Instructions: Complete the form, print 2 copies, and sign both. Keep a copy for your records.

Personal Information

Social Security Number:	Name: Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Number:	Birth Date:	Age:	Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School:	Teacher Name:		
<input type="text"/>	<input type="text"/>		

Parent / Managing Conservator

Social Security Number:	Name: Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number:	Work Number:	Place of Employment:	Occupation:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date:	Age:	Marital Status:	Length of Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mo.

Parent / Possessory or Joint Conservator / Step Parent

Social Security Number:	Name: Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number:	Work Number:	Place of Employment:	Occupation:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date:	Age:	Marital Status:	Length of Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mo.

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Sibling Information

Name:	Age	Sex	Grade

Medical Information

Family Physician or Treatment Center:

Past Medications (Excluding Antibiotics and O.T.C. Medication):

Current Medications:

Medical Conditions or Diagnosis:

Prior Treatments:

Emergency Contact Information

Name:	Relationship:		
<input type="text"/>	<input type="text"/>		
Address: Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number:	Cellular Number:		
<input type="text"/>	<input type="text"/>		
Referred by			
<input type="text"/>			

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I AGREE TO BE RESPONSIBLE FOR ALL FEE'S INCURRED BY ME OR ON MY BEHALF FOR SERVICES RENDERED BY F. SEAN REDEKER, MA, LPC, CI, NCC. I UNDERSTAND THAT PAYMENT FOR SERVICES ARE DUE WHEN RENDERED.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION & CONSENT FOR TREATMENT SHEET CITING THE PROCEDURES, SESSIONS, PRIVACY RULES, FEES, INSURANCE AND REFERRALS AS STANDARD POLICY AND I AGREE TO THE TERMS SET OUT THEREIN. I UNDERSTAND THAT IF A SUIT IS FILED TO COLLECT ANY UNPAID BALANCE ON MY ACOUNT, I AGREE TO PAY THE REASONABLE ATTORNEY'S FEES FOR SUCH PROCEDURES AND I AGREE THE VENUE IS ACCEPTABLE IN WILLIAMSON, COUNTY, TEXAS

**PATIENT SIGNATURE
CONSERVATOR, OR
PARENT**

DATE