Amber Tabares Ph.D. PLLC

NEW CLIENT REGISTRATION-TEEN

PERSONAL INFORMATION

Client Name: Age: Sex:

Social Security #: Date of Birth:

Address:

City, State, Zip:

Home Phone: May I Call This Number? Y N Leave a Message? Y N

Cell Phone: May I Call This Number? Y N Leave a Message? Y N

E-mail: May I Contact by E-mail? Y N

EDUCATION INFORMATION

Last Grade Level Completed:

Last Level Completed (Please Circle); High School Undergraduate Graduate Trade School

Current School Attending: Current Grade/Education Level:

Previous School Attended: Dates Attended:

EMPLOYER INFORMATION

Employer: Occupation:

Work Phone: May I Call This Number? Y N Leave a Message? Y N

MEDICAL & REFERRAL INFORMATION

Name of Physician: Phone:

Current Medications (Names, dosage, frequency):

Current Therapist/Counselor: Phone:

By Whom Were You Referred? Relationship:

INSURANCE INFORMATION

Name of Insured: SSN: DOB:

Primary Insurance Company:

Subscriber/ID Number: Group #:

Insured's Address: Insured's Phone:

Client's relationship to Insured (Please Circle): Self Spouse Child Other

BILLING

PERSON RESPONSIBLE FOR THE BILL (IF DIFFERENT FROM CLIENT)

Name:

Relationship to Client:

Address:

City, State, Zip:

Home Phone: May I Call This Number? Y N Leave a Message? Y N

Cell Phone: May I Call This Number? Y N Leave a Message? Y N

E-mail: May I Contact by E-mail? Y N

HOUSEHOLD INFORMATION

Parent/Guardian Name: Work or Cell Phone:

Occupation: Employer:

Parent/Guardian Name: Work or Cell Phone:

Occupation: Employer:

Parent/Guardian Name: Work or Cell Phone:

Occupation: Employer:

Other Children / Siblings:

Name: Gender: Age: Lives with You?

Name: Gender: Age: Lives with You?

Name: Gender: Age: Lives with You?

Name: Gender: Age: Lives with You?

Others in Home:

Name: Gender: Age: Relationship:

Name: Gender: Age: Relationship:

EMERGENCY CONTACT

In Emergency, Contact: Relationship:

Address:

Home Phone: Work or Cell Phone:

PREVIOUS THERAPY

Name of Therapist: Dates seen:

Purpose or areas worked on:

Name of Therapist: Dates seen:

Purpose or areas worked on:

I HAVE READ THE OFFICE POLICY AND ACCEPT ITS CONTENTS:

Client Signature: Date:

I HAVE READ THE OFFICE POLICY AND ACCEPT ITS CONTENTS:

Parent/Guardian Signature: Date:

To be Completed by Client:

CURRENT THERAPY REASONS/GOALS

Briefly tell me the reason you decided to seek therapy at this time (in other words: Why now?):

Please list up to three things in your life you'd like to have change (we'll talk more about this, but list what comes to mind):

1)

2)

3)

Client Signature: Date: