

Bowden & Associates
Psychological and Counseling Services LLC
365 Riffel Road, Suite B
Wooster, OH 44691
(330) 345-3461

CLIENT INFORMATION (CHILD)

Child's Name: _____ Date: _____
(First) (MI) (Last)

Address: _____
(Street Address) (Apt. #) (City) (State) (ZIP Code)

Telephone: _____
(Home) (Cell) (Work)

Date of Birth: _____ Age: _____ Sex: _____ Social Security # _____
(Month/Day/Year)

Highest Level of Education: _____ Religious Affiliation: _____

Current Medical Problems: _____

Current Medications/Allergies: _____

Parent/Guardian Information

Parent/Guardian's Name: _____ Date of Birth: _____
(Month/Day/Year)

SSN: _____ Marital Status: ___ S ___ M ___ Divorced ___ Widowed ___

Place of Employment: _____

Problem for which you are now seeking assistance:

Referred by: _____

Child's Previous Counseling/psychotherapy: Yes ___ No ___ If Yes, with whom? _____

Name and Address of Physician: _____

Emergency contact name/number: (_____) _____ - _____

Telephone # for message: (_____) _____ - _____