

# William K McDonald PLC - Counseling & Psychotherapy

• William K. McDonald M.Div, LMSW 129 N. River Street • Fenton, Michigan 48430

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## NEW CLIENT INFORMATION SHEET - MINOR

**NAME OF MINOR** \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street (Apt #, etc)

\_\_\_\_\_  
City ZIP

TELEPHONE ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_ [ ] TM option  
Home

AGE \_\_\_\_ BIRTH DATE \_\_\_\_\_

### **RESPONSIBLE PARENT OR GUARDIAN**

NAME \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street (Apt #, etc)

\_\_\_\_\_  
City ZIP

TELEPHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Cellular ( ) \_\_\_\_\_ [ ] TM option Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_ private / secure [ ]

OK to use [ ] Email, [ ] Fax, for statements and secure communication

AGE \_\_\_\_ BIRTH DATE \_\_\_\_\_

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NEAREST RELATIVE *NOT* LIVING WITH THE MINOR \_\_\_\_\_

PHONE \_\_\_\_\_

WHOM MAY WE CONTACT IN CASE OF EMERGENCY? \_\_\_\_\_

PHONE \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

METHOD OF PAYMENT: Cash \_\_\_\_ Check \_\_\_\_ Visa / MC / Disc \_\_\_\_ Other \_\_\_\_

WHO REFERRED YOU HERE? \_\_\_\_\_

BRIEF DESCRIPTION OF PRESENTING PROBLEM:

\_\_\_\_\_  
Today's date

Signed: \_\_\_\_\_  
check if  parent or  guardian