

William K McDonald PLC - Counseling & Psychotherapy

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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 _____

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