

Client Demographic Form

(Please Print)



brighterfuturescounseling.org
270-982-9292

CLIENT INFORMATION

CLIENT FULL NAME: _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ SEX: _____ RACE: _____

PRIMARY LANGUAGE: _____ SCHOOL: _____ GRADE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE #: _____ MOBILE HOME WORK

SECONDARY PHONE #: _____ MOBILE HOME WORK

EMAIL ADDRESS: _____

LEGAL GUARDIANS' INFORMATION

GUARDIAN 1 FULL NAME: _____

RELATIONSHIP TO CLIENT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ SEX: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE #: _____ MOBILE HOME WORK

SECONDARY PHONE #: _____ MOBILE HOME WORK

EMAIL ADDRESS: _____

IS THIS PERSON A MEDICAL DECISION MAKER FOR THE CLIENT YES NO

ARE YOU THE INSURANCE HOLDER/FINANCIAL GUARANTOR? YES NO

GUARDIAN 2 FULL NAME: _____

RELATIONSHIP TO CLIENT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ SEX: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE #: _____ MOBILE HOME WORK

SECONDARY PHONE #: _____ MOBILE HOME WORK

EMAIL ADDRESS: _____

IS THIS PERSON A MEDICAL DECISION MAKER FOR THE CLIENT YES NO

ARE YOU THE INSURANCE HOLDER/FINANCIAL GUARANTOR? YES NO

EMERGENCY CONTACT OTHER THAN PARENT/PERSON BRINGING CHILD TO THE APPOINTMENT

EMERGENCY CONTACT FULL NAME: _____

PHONE #(S): _____

RELATIONSHIP TO CLIENT: _____

INSURANCE INFORMATION

➤ *If the financial guarantor is someone other than a guardian, please provide the guarantor information to the receptionist...*

PRIMARY INSURANCE: _____

SUBSCRIBER NAME: _____ SUBSCRIBER DOB: _____

SUBSCRIBER PHONE #(S): _____

POLICY ID #: _____ GROUP #: _____

SECONDARY INSURANCE: _____

SUBSCRIBER NAME: _____ SUBSCRIBER DOB: _____

SUBSCRIBER PHONE #(S): _____

POLICY ID #: _____ GROUP #: _____

REFERRAL INFORMATION

WHO REFERRED YOU/HOW DID YOU HEAR ABOUT US?

- DOCTOR _____
- SOCIAL WORKER/DCBS _____
- JUDGE _____
- INSURANCE COMPANY _____
- ATTORNEY _____

- SCHOOL _____
- CDW _____
- FRIEND/FAMILY _____
- INTERNET SEARCH _____
- OTHER _____

WHO IS THE CHILD'S PRIMARY CARE DOCTOR: _____

ARE YOU WORKING WITH OTHER AGENCIES/SERVICES THAT YOU WOULD LIKE US TO BE ABLE TO SPEAK WITH:

- DOCTOR(S) _____
- SCHOOL _____
- COURT SYSTEM _____
- ATTORNEY _____

- PSYCHIATRIST _____
- SOCIAL WORKER/CPS _____
- CDW _____
- OTHER _____

OTHER CONTACTS

*** Please list anyone you would like to be able to have contact with our office about your child's appointments...make sure to include any of the following:*

- Anyone you want to allow to call and get information about and/or schedule your appointments
- Anyone with whom you may share custody of your child
- Anyone who may assist with bringing your child to appointments or picking them up from appointments
- Your child's social worker, Case worker, Court Designated Worker (CDW), and/or anyone else working with your family with whom you'd like us to contact

CONTACT 1 NAME: _____

RELATIONSHIP TO CLIENT: _____

PHONE #(S): _____

EMAIL: _____

CONTACT 2 NAME: _____

RELATIONSHIP TO CLIENT: _____

PHONE #(S): _____

EMAIL: _____

CONTACT 3 NAME: _____

RELATIONSHIP TO CLIENT: _____

PHONE #(S): _____

EMAIL: _____

CONTACT 4 NAME: _____

RELATIONSHIP TO CLIENT: _____

PHONE #(S): _____

EMAIL: _____

CUSTODY INFORMATION

1. Is there a current a custody agreement and/or other court order pertaining to child custody in place for your child?

YES NO

2. If yes, who are the parents/guardians/custodians named in the agreement/order:

Parent/Guardian #1 Full Name: _____

Home Address (Street, City, State): _____

Phone #(s): _____

Parent/Guardian #2 Full Name: _____

Home Address (Street, City, State): _____

Phone #(s): _____

3. Are all parents/guardians/custodians aware that you are seeking therapy for your child? YES NO

4. What type of custody do you hold? SOLE JOINT

- Custody is a term referring to who makes decisions about a child’s health care, education, etc.. For example, sole custody is when one parent or guardian has the authority to make decisions regarding the child’s health care, education, and other important matters. In a joint custody situation, both parents or guardians may share those decision making responsibilities.

What are the current custody arrangements for your child? _____

- Parenting time is different from custody. Parenting time refers to where and with whom the child spends his or her time. For example, a parenting time arrangement might be that the child lives with his mother 5 days a week and father on the weekends.

What are the current parenting time arrangements for your child? _____

5. Have you provided Brighter Futures Counseling, PLLC a copy of the current custody agreement and/or other court order pertaining to child custody? YES NO

6. Is there a current court case about custody or other Child related concerns? YES NO