

Jennifer Snow MS, LPC, PLLC  
13740 Research Blvd. Bld. K Ste. 2 - Austin, TX 78750  
(512) 786-7466

**CHILD \ ADOLESCENT INFORMATION SHEET**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ AGE: \_\_\_\_\_ SS #: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ PHONE: \_\_\_\_\_

TEACHER \ COUNSELOR: \_\_\_\_\_

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**PARENT \ MANAGING CONSERVATOR:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ SS #: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OTHER PARENT \ POSSESSORY OR JOINT CONSERVATOR \ STEP PARENT**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SS #:** \_\_\_\_\_ **MARITAL STATUS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_ **EDUCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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**OTHER PARENT \ POSSESSORY OR JOINT CONSERVATOR \ STEP PARENT**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SS #:** \_\_\_\_\_ **MARITAL STATUS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_ **EDUCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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**BROTHERS & SISTERS**

**AGE**

**SEX**

**GRADE**

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**FAMILY PHYSICIAN:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**MEDICAL CONDITIONS OR DIAGNOSIS:** \_\_\_\_\_

**PRIOR TREATMENT/DIAGNOSIS & REASON FOR TERMINATION OF SERVICES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO WERE YOU REFERRED BY?** \_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHONES: (HM)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_ **(WK)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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**BRIEF DESCRIPTION OF PRESENTING ISSUE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I AGREE TO BE RESPONSIBLE FOR ALL FEE'S INCURRED BY ME OR ON MY BEHALF FOR SERVICES RENDERED BY JENNIFER SNOW, MS, LPC. I UNDERSTAND THAT PAYMENT FOR SERVICES ARE DUE WHEN RENDERED.**

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMED CONSENT \ INFORMATION SHEET CITING THE PROCEDURES, SESSIONS, PRIVACY RULES, FEES, INSURANCE AND REFERRALS AS STANDARD POLICY AND I AGREE TO THE TERMS SET OUT THEREIN. I UNDERSTAND THAT IF A SUIT IS FILED TO COLLECT ANY UNPAID BALANCE ON MY ACCOUNT, I AGREE TO PAY THE REASONABLE ATTORNEY'S FEES FOR SUCH PROCEDURES AND I AGREE VENUE IS ACCEPTABLE IN TRAVIS COUNTY, TEXAS**

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**PARENT OR CONSERVATOR SIGNATURE**

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**DATE**

### **Acknowledgment of Receipt of Informed Consent**

**By engaging in the counseling process, I understand and commit to the activities and policies outlined in the Informed Consent. By signing below, I affirm that I have read and understand the information provided. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and my responsibility as a client. I also understand that the results of counseling can be variable and that the attainment of a positive outcome is dependent upon the effort expended by both myself and my counselor.**

**If you have any further concerns or questions that I have not addressed, please feel free to discuss them with me in our session. Thank you.**

**Please sign and date below stating that you have read and understand this document. I look forward to our journey together.**

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**Client/ Parent or Guardian's Printed Name**

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**Date**

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**Client/ Parent or Guardian's Signature**

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**Date**

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**I have discussed the above issues and policies with the client. My observations of this person's behavior and responses give me no reason to believe that he/she is not fully competent to give informed and willing consent to treatment.**

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**Therapist Signature**

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**Date**