



Smiths Station and Phenix City Psychological

2061 Panther Parkway • Smiths Station AL, 36877

Phone: 334-577-4978 • Fax: 334-408-4518

Email: NBofficespcp@gmail.com

Client Information – Child and/or Dependent

***Please complete all information as legibly as possible. Thank you!**

Legal Name: _____ Preferred Name: _____

SSN: _____ Date of Birth: _____

Mailing Address: _____

(Street)

(City)

(State)

(Zip)

School: _____ Grade/Year: _____

If applicable/desired to be given for dependent/child, give the following contact information:

•Phone: _____

(Cell)

(Home)

(Work)

•Email: _____

(Primary)

(Secondary)

Mother/Authorized Person's Legal Name: _____ Preferred Name: _____

SSN: _____ Birth Date: _____

Mailing Address: _____

(Street)

(City)

(State)

(Zip)

Phone: _____

(Cell)

(Home)

(Work)

Preferred order of phone contact? _____ Phones suitable to leave a message at: _____

Email: _____

(Primary)

(Secondary)

Father/Authorized Person's Legal Name: _____ Preferred Name: _____

SSN: _____ Birth Date: _____

Mailing Address: _____

(Street)

(City)

(State)

(Zip)

Phone: _____

(Cell)

(Home)

(Work)

Preferred order of phone contact? _____ Phones suitable to leave a message at: _____

Email: _____

(Primary)

(Secondary)

Custody held by (Name/s): _____ Relationship/s to client: _____

Emergency contact; emergency contact will need to differ from parental/authorized individual/s bringing/dropping off client for appointments. Thank you!

Emergency Contact Name: _____ Relationship to Client: _____

Phone: _____
(Cell) (Home) (Work)

Primary Physician: _____ Primary Physician phone number: _____

Did this physician refer you to us? _____ If so, and you received a referral number please provide: _____

If not, whom may we thank or how did you hear about us? _____

Insurance: _____ Secondary Insurance: _____

****A COPY OF CLIENT'S INSURANCE CARD AND COMPLETION OF OUR INSURANCE INFORMATION FORM IS REQUIRED****

Your Name Your Signature Today's Date

Client's Name (if a child) Client's Signature (if a child, 14 years or older) Today's Date

Date of Intake