



Linden Blossom
Counseling

Patient Information

Today's Date _____
Client's Name _____ Date of Birth _____ Age _____

Parent/Guardian Name _____
Address of Parent/Guardian _____
Phone number _____
Email _____

Second Parent/Guardian Name _____
Address of Parent/Guardian _____
Phone number _____

Please list all family members living in the home.

Name	Relationship to Client	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of School _____ Grade _____
Insurance Company _____
Name of policy holder _____
Card Number _____
Employer _____

How did you find us?

Please remember that all payment is due at time of service. It is the responsibility of the parent/guardian to keep this office informed of any changes in the insurance or payment information as soon as possible.