



Bill McClain, LCSW
Child, Family, and Individual Counseling

CHILD/ADOLESCENT CLIENT REGISTRATION

Today's Date: _____

Child/Adolescent Client's Name: _____

Age: _____

Date of Birth: _____

Parent/Legal Guardian Name: _____

Phone Number: _____

Home

Work

Cell

Address: _____

City/State/Zip: _____

2nd Parent/Legal Guardian Name (if applicable): _____

Phone Number: _____

Home

Work

Cell

Address: _____

City/State/Zip: _____

Referred by: _____