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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:** _____

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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:** _____

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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

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:** _____



I AGREE TO BE RESPONSIBLE FOR ALL FEE'S INCURRED BY ME OR ON MY BEHALF FOR SERVICES RENDERED BY CRYSTAL I. STEVENSON, M.A., LPC. I UNDERSTAND THAT PAYMENT FOR SERVICES ARE DUE WHEN RENDERED AT AUSTIN, TEXAS.

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 ACOUNT, I AGREE TO PAY THE REASONABLE ATTORNEY'S FEES FOR SUCH PROCEDURES AND I AGREE VENUE IS ACCEPTABLE IN TRAVIS COUNTY, TEXAS

PARENT OR CONSERVATOR SIGNATURE
CHILD INFORMATION

DATE
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