

# **McDonald & Kimball PLC - Counseling Services**

- William K. McDonald, M.Div, LMSW
- Jane E. Kimball, BS, BA, LBSW

129 N. River Street • Fenton, Michigan 48430  
Telephone (810) 629-0760

## **NEW CLIENT INFORMATION SHEET - MINOR**

### **NAME OF MINOR**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Last

First

Middle

### ADDRESS

\_\_\_\_\_  
Street (Apt #, etc)

\_\_\_\_\_  
City ZIP

TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
Home Work  
Cellular ( ) \_\_\_\_\_

AGE \_\_\_\_ BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### **RESPONSIBLE PARENT OR GUARDIAN**

NAME \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street (Apt #, etc)

\_\_\_\_\_  
City ZIP

TELEPHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
Cellular ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Email \_\_\_\_\_ private / secure [ ]

OK to use [ ] Email, [ ] Fax, for statements and secure communication

AGE \_\_\_\_ BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

-----  
NEAREST RELATIVE *NOT* LIVING WITH THE MINOR \_\_\_\_\_

PHONE \_\_\_\_\_

WHOM MAY WE CONTACT IN CASE OF EMERGENCY? \_\_\_\_\_

PHONE \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

METHOD OF PAYMENT: Cash \_\_\_\_ Check \_\_\_\_ Visa / MasterCard \_\_\_\_ Other \_\_\_\_

WHO REFERRED YOU HERE? \_\_\_\_\_

BRIEF DESCRIPTION OF PRESENTING PROBLEM:

\_\_\_\_\_  
Today's date

Signed: \_\_\_\_\_  
check if  parent or  guardian