

Tamra L. Hughes, MA, LPC
Licensed Professional Counselor

CHILD/ADOLESCENT REGISTRATION FORM

Today's Date: _____

Child's Name: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____

Parent's Name _____

Address: _____ Phone (home): _____

City, State, Zip: _____ Phone (work): _____

County: _____ Phone (other): _____

Parent's Name _____

Address: _____ Phone (home): _____

City, State, Zip: _____ Phone (work): _____

County: _____ Phone (other): _____

If divorced, do parents have joint parental responsibilities? _____

If no, who has primary parental responsibility/decision making? _____

Emergency contact: _____ Relationship: _____

Please list child's siblings in rank order of their birth. Next to name, indicate their age:

Present Health Concerns: _____

Medications: _____

Hospitalizations: _____

What is the primary concern or problem for which you are seeking help? _____

Previous Counseling: _____

Referred by _____