



6607 Providence Drive, Anderson, IN 46013  
 Mailing Address: P. O. Box 952, Anderson, IN 46015

Today's Date:
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Individuals come to counseling from many different walks of life and for many different reasons. Please help us assist you by filling out this form for your child. This is a general form and some of the questions may not apply to your child. Please note that both parents have rights to access your child's therapist and counseling information. Please be sure that both parents/ guardians have given permission for your child to receive therapy services from Linville Counseling Services.

**Client Information**

Full Name:
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Street:	Nickname:
City, State, Zip:	Sex:
Home Phone :	Date of Birth:                      Age:
School:	Guardian:
Grade:	

**Parent or Guardian ( proof of guardianship required)**

Full Name:
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Street address:	Nickname:
City, State, Zip:	Sex:
Home Phone:	Date of Birth:                      Age:
Employer Name:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other:
Employer Phone:	

**Parent or Guardian (proof of guardianship required)**

Full Name:
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Street address:	Nickname:
City, State, Zip:	Sex:
Home Phone:	Date of Birth:                      Age:
Employer Name:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other:
Employer Phone:	