



Welcome to Legacy Counseling Network  
*Child/Minor contact Information*

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ grade \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ City/Zip \_\_\_\_\_

Name of Parents \_\_\_\_\_

Phone Numbers: (Hm.) \_\_\_\_\_

(Wk.) \_\_\_\_\_

(Cell.) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Biological parents (if different from above) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ /Zip \_\_\_\_\_

Phone Numbers: (Hm.) \_\_\_\_\_

(Wk.) \_\_\_\_\_

(Cell.) \_\_\_\_\_

Are both parents informed that the child is seeking therapy through Legacy Counseling Network? Y/N

Who lives in the home with child? \_\_\_\_\_

Church Affiliation (if applicable) \_\_\_\_\_

What is the reason you are currently seeking counseling? Use the back if necessary.

What previous counseling has your child had?

Is your child currently taking any prescription medication or under the care of a physician/psychiatrist?

If yes, please explain.

How did you hear of Legacy Counseling Network? \_\_\_\_\_

May we thank them for the referral? Y/N

Emergency contact information:

Name: \_\_\_\_\_ relationship top child \_\_\_\_\_ phone: \_\_\_\_\_

Scripps Ranch

Solana Beach