

PERSONAL INFORMATION

Name of Child/Adolescent: _____

Date of Birth: _____ Age: _____

PARENT/LEGAL GUARDIAN(S)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Parents Are: married separated divorced widowed never married
 foster parents legal guardians

CUSTODY ARRANGEMENT

If parents are separated, divorced, or never married, which best describes your child's custody arrangement?

Joint legal custody and joint physical custody

No legal custody agreement.

Joint legal custody and sole physical custody

Other

Sole legal custody and sole physical custody

Please explain: _____

Name of custodial parent: _____

Legal guardianship

Name of legal guardian: _____

I give Jennifer Novello consent to begin psychotherapy with my child as shown by my signature below.

Signature: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

I acknowledge that I have informed any other person (name: _____) who has legal responsibility for this child that this child is being seen for therapy with Jennifer Novello.

Signature: _____ Date: _____

Printed Name: _____