



Amy Allen Meyer, P.A.

*Where families find hope*

Licensed Professional Counselor  
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### Returning Client Form

Date \_\_\_\_\_ Informant \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Religious Preference (Optional) \_\_\_\_\_

In the event of an emergency and I must cancel, where should I call? \_\_\_\_\_

Non-Family Emergency Contact \_\_\_\_\_  
Name Home Phone Cell Work

What concerns do you have about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have these existed? \_\_\_\_\_

What do you think might be causing this? \_\_\_\_\_

Anyone else expressed concerns about your child? \_\_\_\_\_