TACONIC COUNSELING GROUP

Counseling and Psychotherapy for Children, Adolescents, and Adults

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Patient Information Form (For Children)

Child's Name
Birthdate
Father's Name
Address
Phone(Home)(Work)
Birthdate
Soc. Sec. #
Place of Employment
Mother's Name
Address (If Different)
Phone (Home)(Work)
Birthdate
Soc. Sec. #
Place of Employment
School NamePhone
Teacher Name School Grade
Can the teacher be called at home? Home Phone
· ·
Pediatrician NamePhone
Does your child have any health problems?
(Please list)
Is your child currently taking any medication?
(Please list)
Insurance Plan Name and Address:
Policy Holder Name
Policy Number
Group Number
Child's Insurance Identification Number
Are you currently involved in, or are you planning to be involved in, any
legal proceedings? Please indicate nature of legal proceedings:
Who is the person responsible for payment?
Who referred you to Taconic Counseling Group?
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