

**Loretta Gallo-Lopez, MA**  
**Licensed Mental Health Counselor**

**Client Information Sheet – Under 18 Years Old**

**Date:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's primary residency is with: \_\_\_\_\_

**Parent's name:** \_\_\_\_\_

DOB: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent's name:** \_\_\_\_\_

DOB: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_