



# RACHEL BENSON

LCSW

Rachel Benson, Licensed Clinical Social Worker, Inc.  
Individual, Couples, Family, & Group Psychotherapy

## Client Information Sheet (Family)

*The information requested on this form is confidential. Please complete this form and bring it to your first session.*

Today's Date: \_\_\_\_\_

### **PARENT / GUARDIAN 1**

Name: \_\_\_\_\_

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

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

Telephone numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_ work \_\_\_\_\_

Is it okay to leave confidential messages at the above numbers? Yes No (circle one)

Is it okay to send you text messages on your cell phone? Yes No (circle one)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

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

May I email you? \_\_\_Yes \_\_\_No \*\*\*Please note: Email is not considered to be a confidential medium of communication.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **Parent/Guardian 2:**

Name: \_\_\_\_\_

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

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

Telephone numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_ work \_\_\_\_\_

Is it okay to leave confidential messages at the above numbers? Yes No (circle one)

Is it okay to send you text messages on your cell phone? Yes No (circle one)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

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

May I email you? \_\_\_Yes \_\_\_No \*\*\*Please note: Email is not considered to be a confidential medium of communication.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

If either parent is no longer living or is no longer involved with the family, please explain the details/circumstances around this:

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What is the marital status of the parents? Never Married Married Separated Divorced Widowed  
If never married, separated, or divorced, what is the custody arrangement?

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### CHILD 1

Name: \_\_\_\_\_

Mailing Address (OR "SAME AS PARENT #): \_\_\_\_\_

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

Telephone numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_ work \_\_\_\_\_

Is it okay to leave confidential messages at the above numbers? Yes No (circle one)  
Is it okay to send this child text messages on his/her cell phone? Yes No (circle one)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

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

May I email you? \_\_\_Yes \_\_\_No \*\*\*Please note: Email is not considered to be a confidential medium of communication.

School: \_\_\_\_\_ Grade \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is this child currently in a romantic relationship? Yes No  
If yes, how long has he/she been in this relationship? \_\_\_\_\_

What activities does this child enjoy doing?

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What are the biggest concerns for this child?

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Has this child ever been in therapy/counseling before? Yes No (circle one)

If yes, when, where, and for how long? \_\_\_\_\_

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**CHILD 2**

Name: \_\_\_\_\_

Mailing Address (OR "SAME AS PARENT #): \_\_\_\_\_

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

Telephone numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_ work \_\_\_\_\_

Is it okay to leave confidential messages at the above numbers? Yes No (circle one)

Is it okay to send this child text messages on his/her cell phone? Yes No (circle one)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

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

May I email you? \_\_\_ Yes \_\_\_ No \*\*\*Please note: Email is not considered to be a confidential medium of communication.

School: \_\_\_\_\_ Grade \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is this child currently in a romantic relationship? Yes No

If yes, how long has he/she been in this relationship? \_\_\_\_\_

What activities does this child enjoy doing?

\_\_\_\_\_

What are the biggest concerns for this child?

\_\_\_\_\_

Has this child ever been in therapy/counseling before? Yes No (circle one)

If yes, when, where, and for how long? \_\_\_\_\_

\_\_\_\_\_

**CHILD 3**

Name: \_\_\_\_\_

Mailing Address (OR "SAME AS PARENT #): \_\_\_\_\_

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

Telephone numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_ work \_\_\_\_\_

Is it okay to leave confidential messages at the above numbers? Yes No (circle one)

Is it okay to send this child text messages on his/her cell phone? Yes No (circle one)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

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

May I email you? \_\_\_ Yes \_\_\_ No \*\*\*Please note: Email is not considered to be a confidential medium of communication.

School: \_\_\_\_\_ Grade \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is this child currently in a romantic relationship? Yes No

If yes, how long has he/she been in this relationship? \_\_\_\_\_

What activities does this child enjoy doing?

\_\_\_\_\_

What are the biggest concerns for this child?

\_\_\_\_\_

Has this child ever been in therapy/counseling before? Yes No (circle one)

If yes, when, where, and for how long? \_\_\_\_\_

\_\_\_\_\_

**SPIRITUALITY**

Is your family spiritual and/or religious? Yes No (Circle one)

If yes, describe your faith or belief:

\_\_\_\_\_

**ADDITIONAL QUESTIONS**

What significant life changes or stressful events have you experienced recently that brings you in for family therapy?

\_\_\_\_\_

\_\_\_\_\_

What would you like to accomplish out of your family's time in therapy?

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**IN CASE OF EMERGENCY,  
PLEASE CONTACT:**

\_\_\_\_\_ **PHONE:** \_\_\_\_\_  
Name and relationship

**CANCELLATION POLICY**

*To avoid being charged for a cancelled session, the session must be cancelled at least 24 hours in advance by leaving a message at (714)-468-3685. Sessions cancelled with less than 24 hours notice will be charged at the full fee. By law, insurance providers may not reimburse patients for fees paid for cancelled sessions.*

**POLICY AND LAWS REGARDING CONFIDENTIALITY**

*All information between patient and therapist is held in strict confidence. The only exception to this is that state law requires all mental health providers to report suspected child or elder abuse, and allows for breach of confidentiality if patients disclose a likelihood to be of danger to themselves or others.*

**I have read the foregoing and my signature below attests to my understanding of these policies.**

\_\_\_\_\_  
**Parent/Guardian 1 Signature**

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

\_\_\_\_\_  
**Parent/Guardian 2 Signature**

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