

ALMA THERAPY
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MINOR CLIENT & GUARDIAN CONTACT INFORMATION

Contact information will become a part of the client's confidential record

CLIENT* INFO:

Legal Name: _____ Goes by: _____

DOB: _____ Age: _____ Gender: _____ Pronouns: _____

Address: _____

City/State/Zip: _____

Do client and guardian share the same address? Yes No

Does the client have a medical condition that may need attention during session? Yes No

If so, please specify:

Minor Cell phone number: _____ Consent to leave a message? Yes No

Minor Email address: _____ Consent to email you? Yes No

Would you like to receive appointment reminders via text message? Yes No

Would you like to receive appointment reminders via email? Yes No

GUARDIAN* INFO:

Cell phone number: _____ Consent to leave a message? Yes No

Email address: _____ Consent to email you? Yes No

Would you like to receive appointment reminders via text message? Yes No

Would you like to receive appointment reminders via email? Yes No

If you are unavailable during session, who should I contact in the event of an unforeseen emergency?

Emergency contact name: _____

Emergency contact phone number: _____

Date of first session: _____

*"Client" refers to the minor client. "Guardian" refers to parent or legal guardian responsible for the minor client.