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NEW MINOR CLIENT

_____ Today's Date	_____ Child's Name	_____ Date of Birth
_____ Street Address	_____ City	_____ Zip
_____ School	_____ Grade	_____ Who lives in home with Child?
_____ Current Medications	_____ Previous Counseling? _____ No _____ Yes	
_____ Parent/guardian(s) name(s)		_____ Cell #(s)
_____ Home #	_____ Work #	_____ Child's Cell #
_____ Emergency Contact (besides parent/guardian)		_____ Relationship to Minor
_____ Activities Child Enjoys		
_____ Siblings of Child (Names & Ages):		
_____ Reason for seeking counseling:		
_____ Goals for counseling:		

Please note that it is often beneficial to see the whole family in order to help your child and I appreciate your willingness to participate in the counseling process.