Contact Information

Touay & Date:		Referral Source	2:	
Adolescent Nan	ne:		Age/Date of Birth	
Parent/Legal G	uardian(s) Name(s):		Age/Date of Birth:	
Sibling(s) Name	e(s):		Age/Date of Birth:	
Address of Prin	nary Residence:			
		I	Home Phone: Please check if OK to leave a message at this number □	
		I	Parent Cell Phone: Please check if OK to leave a message at this number 🖵	
			Please check if OK to leave a message at this number \Box	
			Parent Cell Phone: Please check if OK to leave a message at this number □	
Email Address(es	s) (Please provide for both p	F		
Name:	Email:	arents/guardians) /Name:	Parent Cell Phone: Please check if OK to leave a message at this number Email:	
Name: If parents are guardian or if j provide consent	Email: divorced, please note t joint legal guardianship to treatment. Document	<i>arents/guardians)</i> /Name: he <u>legal custody arrang</u> is in place. Note: Whe ation of legal custody ar	Parent Cell Phone: Please check if OK to leave a message at this number □	sole lega ents mus
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Name: If parents are guardian or if j provide consent	Email: divorced, please note t joint legal guardianship to treatment. Document	<i>arents/guardians)</i> /Name: /Name: he <u>legal custody arran</u> ; is in place. Note: Who ation of legal custody ar	Parent Cell Phone: Please check if OK to leave a message at this number Email: <u>gements</u> , including if one parent is the s en joint legal custody is in place, <i>both pare</i>	sole lega ents mu
Name: If parents are guardian or if j provide consent Second Parent/Le	Email: divorced, please note t joint legal guardianship <i>to treatment</i> . Document gal Guardian Address (if dif	Image: Provide a state of the state of	Parent Cell Phone: Please check if OK to leave a message at this number Email: <u>gements</u> , including if one parent is the s en joint legal custody is in place, <i>both pare</i> trangements may be requested to be provid	sole leg ents mu
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Name: If parents are guardian or if j provide consent Second Parent/Les Emergency Co Name(s):	Email: divorced, please note t joint legal guardianship <i>to treatment</i> . Document gal Guardian Address (if dif	<i>arents/guardians</i>) /Name: he legal custody arrangis in place. Note: Who ation of legal custody arrangis ferent than above):	Parent Cell Phone:Please check if OK to leave a message at this number □ Email: gements, including if one parent is the seen joint legal custody is in place, both parerarangements may be requested to be provid meen Phone: ease check if OK to leave a message at this number □ ell Phone: ease check if OK to leave a message at this number □	sole leg: ents mu ed.