Meredith Gelman, LCSW, LLC
9675 A Main Street
Fairfax, Va 22031
(703) 463 - 7916

Client Information—Child or Adolescent

Client (child's) name_____ Date of birth _____

Address _____

City _____ State _____ ZIP _____

Today's date _____ Referred by _____

Parent/Guardian Information

Mother/guardian's name _____ DOB_____

Address (if different from child's) _____

City _____ State _____ ZIP _____

Mother's employer _____

Home phone _____ OK to contact at home? Yes ☐ No ☐

Work phone _____ OK to contact at work? Yes ☐ No ☐

Cell phone _____ OK to contact by cell? Yes ☐ No ☐

Father's name _____ DOB _____

Address (if different from child's) _____

City _____ State _____ ZIP _____

Father's employer _____

Home phone (if different)_____ OK to contact at home? Yes ☐ No ☐

Work phone _____ OK to contact at work? Yes ☐ No ☐

Cell phone _____ OK to contact by cell? Yes ☐ No ☐

I give my consent for my child to receive assessment and/or psychotherapy services:

Signature of parent/guardian: _____ Date _____