

**19415 Deerfield Ave, Ste. 101, Lansdowne, Virginia 20176**  
**Phone # 703-659-1433 / Fax # 703-723-7222**

**CLIENT CONTACT INFORMATION SHEET**

1. **Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL SUFFIX

2. **Social Security #:** \_\_\_\_\_ (required for billing by Finance department)

3. **Gender:** \_\_\_\_\_

4. **Address:** \_\_\_\_\_  
 \_\_\_\_\_  
CITY STATE ZIP

5. **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age:** \_\_\_\_\_  
MONTH DAY YEAR

6. **Telephone Numbers:** \_\_\_\_\_  
INCLUDE AREA CODE HOME WORK CELL / OTHER

7. **May Youth For Tomorrow leave a message on the phone number(s) provided**  Yes  No

- If Yes, check all that apply. Home  Cell Phone  Voice Only  Text Only  Voice and Text
- If No, please provide an alternate phone on which we may leave a message: \_\_\_\_\_

8. **Race** (please identify): \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

9. **Marital Status:**  Never Married  Married  Separated  Divorced  Widowed

10. **Emergency Contact:**

<small>Name</small>	<small>Relationship</small>	<small>Home Phone# (include area code)</small>
<small>Address (if different) (Street)</small>	<small>(City)</small>	<small>(State/Zip)</small>
		<small>Work Phone # (include area code)</small>

11. **Primary Caregiver:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if under age 18) Name Relationship Home Phone# (include area code)

<small>Address (if different) (Street)</small>	<small>(City)</small>	<small>(State/Zip)</small>
		<small>Work Phone # (include area code)</small>

12. **If the Client is a Minor**, is there any other individual(s) that has legal custody (rights) of said client of any kind?  Yes  No

- If "Yes": Is the additional individual(s) who has legal rights in regards to this minor, fully in support of the aforementioned minor receiving mental health treatment services with Youth For Tomorrow?  Yes  No
- If "Yes": Please provide the following information regarding said individual:
  - a. (print): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship Contact Phone# Fax # (include area code)
  - b. Explanation of the legal custodial arrangement for the minor: \_\_\_\_\_

13. **If the Client is a Minor**, please list: a. School attended: \_\_\_\_\_ b. Grade \_\_\_\_\_

14. **If the Client is an Adult**, is there a Legally Authorized Representative or Court Appointed legal guardian?  Yes  No

If yes, please complete (print): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship Contact Phone# Fax # (include area code)

19415 Deerfield Ave, Ste. 101, Lansdowne, Virginia 20176  
Phone # 571-921-4812 / Fax # 703-723-7222

**ACKNOWLEDGMENT OF RIGHT FOR PARENTS OF MINOR CHILDREN**

*I understand that pursuant to Virginia Code 54.1-2969(E), my minor child shall be deemed an adult for the purpose of consenting to medical or health services needed in the case of outpatient care, treatment, or rehabilitation for mental illness or emotional disturbance.*

**15. Military**

- No Military Status                       Active Duty                       Armed Forces Reserve
- National Guard                       Armed Forces or National Guard Retired                       Armed Forces or National Guard
- Discharged (any type)                       Dependent Family Member of Armed Forces or National Guard

**16. Primary Insurance** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Primary Insurance Provider                      Medical ID #                      Group #

**17. Secondary Insurance** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Secondary Insurance Provider                      Medical ID #                      Group #

**18. I have been given of my Rights and Privacy Notice.**  
*(Sign and date below.)*

\_\_\_\_\_  
Signature of Responsible Party                      /                      Date