

**BRENTWOOD COUNSELING ASSOCIATES**  
**5200 Maryland Way, Suite 102**  
**Brentwood, TN 37027**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Okay to contact (parent(s)) at home: yes \_\_\_\_\_ no \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (if different) \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Okay to contact on cell?: yes \_\_\_\_\_ no \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Okay to contact at work? yes \_\_\_\_\_ no \_\_\_\_\_

Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (if different) \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Okay to contact on cell?: yes \_\_\_\_\_ no \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Okay to contact at work? yes \_\_\_\_\_ no \_\_\_\_\_

Brothers/Sisters: (name/age): \_\_\_\_\_  
\_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Presenting Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment for counseling is expected at the time of service. We require 24 hour notice on all cancellations. Cancellations made "the day of" your appointment will result in a charge of **50% of your therapist's fee**. "No Shows" will result in a charge of **100% of your therapist's fee**. (Illness and emergency situations are exceptions.)

*I have read and understand the above statement concerning responsibility for payment and unkept appointments. I understand that any charges for unkept appointments not cancelled 24 hours in advance are my responsibility.*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date