

# Mary Determan MSW, LLC

5757 W. Oklahoma Ave. #203 Milwaukee, WI 53219-4303

## REGISTRATION FORM FOR CHILDREN AND ADOLESCENTS

(Please Print)

<b>Today's Date</b>					
<b>CLIENT INFORMATION</b>					
Client's last name:		First:	Middle:	Preferred Pronoun: <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs <input type="checkbox"/> not listed	Adolescent phone for appointments:
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		Gender Preference: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Non Binary	Birth Date:	Age:
Street address:		City:		State:	Zip Code:
<b>PARENT/GUARDIAN INFORMATION</b>					
Parent 1/Guardian Name:			Parent 1/Guardian Email Address:		
Parent 1/Guardian Address:		City:	State:	Zip Code:	
Parent 1/Guardian Primary Phone:		Secondary phone:		Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone	
Parent 2/Guardian/ Name:			Parent 2/Guardian Email Address:		
Parent 2/Guardian Address:		City:	State:	Zip Code:	
Parent 2/Guardian Primary Phone:		Secondary phone:		Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone	
<b>INSURANCE &amp; GUARANTOR INFORMATION</b>					
Primary Insurance:		Policy #		Group #	
Subscriber Name:			Relationship to Client:		
Secondary Insurance (if applicable)		Policy #		Group #	
Subscriber Name:			Relationship to Client:		
Guarantor/Name of Person Responsible for Payment (if different from Subscriber)					
Address:		City:	State:	Zip Code:	
Primary Phone:			Relationship to Client:		
<b>IN CASE OF EMERGENCY</b>					
Emergency Contact Name:		Relationship to Client:		Emergency Contact Phone:	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the therapist. I understand that I am financially responsible for any balance. I also authorize Mary Determan MSW, LLC or insurance company to release any information required to process my claims.					
Parent/Guardian signature:			Date:		