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Child, Family and Individual Counseling

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CHILD/ADOLESCENT CLIENT REGISTRATION

Today's Date: _____

Child/Adolescent
Client's Name: _____

Date of Birth: _____ Age: _____

Parent/Legal Guardian Name: _____

Phone numbers:

Home

Work

Cell

Address: _____

City/State/Zip _____

Referred by: _____

Can I send a thank you card to this person? _____