MEME RHEE, MFT, PSY.D. MFC 45434

Home Phone: SS#: - - Age PrimaryAddress: ,	me Phone:	<u>CHILD'S NAME:</u>			DOB:/	<u> </u>
PrimaryAddress: ,,,	imaryAddress:	Home Phone:	SS#	:	Age:	
(City) (State) PARENTS: (Name all parents/step-parents/legal guardians. CUSTODIAL parent(s) must sign for Mother:	(City) (State) (Zip) RENTS: (Name all parents/step-parents/legal guardians. CUSTODIAL parent(s) must sign form) outher:					
Mother:	Spouse: dress (or "same"): ,,,			(City)	(State)	(Zip)
Address (or "same"): ,	dress (or "same"):,,	PARENTS: (Name all parents	/step-parents/legal guardians. Cl	USTODIAL parent(s	s) must sign for	m)
Address (or "same"): ,	dress (or "same"):,,	Mother:		Spouse:		
(City) (State) SS#: - DOB: / Age: Cel Phone:	(City) (State) (Zip) #: DOB: //_/Age:Cel Phone: Home Phone: cupation:	Address (or "same"):		,	,,	
Occupation: Work Phone: Home Phone:	cupation: Work Phone: Home Phone:			(City)		
Occupation: Work Phone: Home Phone:	cupation: Work Phone: Home Phone:	SS#:	DOB: / / Age:	Cel Phone:		
Home Phone:	Home Phone: former same"): (City) (State)					
Address (or "same"): ,,	dress (or "same"): ,,,					
Address (or "same"): ,,	dress (or "same"):,,	Father:		Spouse:		
SS#: - - DOB: / Age: Cel Phone: (State) Occupation: Work Phone: Home Phone: Home Phone: (State) Guardian: Spouse: Spouse: Spouse: (State) SS#: - - DOB: / Age: Cel Phone: (City) (State) SS#: - - DOB: / Age: Cel Phone: (City) (State) SS#: - - DOB: / Age: Cel Phone: (City) (State) Emergency Contact: Name: Relationship: Phone: Phone: (State) Name: Relationship: Phone: Phone: (State)	(City) (State) (Zip) #: Cel Phone: cupation: Work Phone: uardian: Home Phone: aardian: Spouse: aardian: Spouse: aardian: aardian: Spouse:					
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esponsible for any and all charges incurred in providing this and/or other services by this inderstand that co-parenting is not billable to insurance, and a retainer (as per Therapist-(is not billable to insurance, an			

child, and any other legal issues pertaining to child must be provided on, or before date of first visit.

Consent To Treat Minor

(Please Complete a Separate "Consent to Treat Minor" Form for each minor participating in therapy)

CUSTODIAL PARENT (Mother/Father/Guardian - Circle One)

Copies of these documents will be kept in child's record.

DATE