

Schedule Appointment

Who is booking the appointment?

- ☒ I am a parent or guardian of the client.
- ☐ I am the client.

Parent/Guardian Form

Mountain Counseling & Training provides services to only clients with IEHP or Medicaid. If you do not have either insurance, please contact us at (909) 336-3330.

First Name

First name

Last Name

Last name

Phone Number

Phone number

Email Address

Email address

Relationship to Child

Select one

If other, please specify:

Legal Guardian

Select one

Would you like to be included on our mailing list to receive our newsletter and information on events?

- ☐ Yes
- ☐ No

Do you have any children in your family under 6?

- ☐ Yes
- ☐ No

If yes, would you be interested in having one of our parenting experts reach out to you about some free training?

- ☐ Yes
- ☐ No

Child 1

First Name

First name

Last Name

Last name

Date of Birth

mm/dd/yyyy

Gender

Select one

If other, please specify:

Preferred Language

Select one

Insurance Type

Select one

Insurance Number

Insurance number

County of Birth

County

State of Birth

State

School Attending

School

Last Completed Grade Level

Grade Level

If other, please specify:

Ethnicity

Select one

Physical Address

Street address

Apartment number, unit, floor, etc.

State

Zip Code

Mailing Address

Street address

Apartment number, unit, floor, etc.

State

Zip Code

Allergies

Add Allergy

Employment Status

Select one

If other, please specify:

Marital Status

Select one

Living Arrangement

Select one

If other, please specify:

How many dependents over 18 does the client have?

If none, please put 0

How many dependents under 18 does the client have?

If none, please put 0

Child 2

Remove Child

First Name

First name

Last Name

Last name

Date of Birth

mm/dd/yyyy

Gender

Select one

If other, please specify:

Preferred Language

Select one

If other, please specify:

Ethnicity

Select one

Insurance Type

Select one

Insurance Number

Insurance number

County of Birth

County

State of Birth

State

School Attending

School

Last Completed Grade Level

Grade Level

Employment Status

Select one

If other, please specify:

Physical Address

Street address

Apartment number, unit, floor, etc.

State

Zip Code

Mailing Address

Street address

Apartment number, unit, floor, etc.

State

Zip Code

Allergies

Add Allergy

Allergy 1

Allergy

Allergy

Reaction to Allergan

Allergic reaction

Date allergy reaction began?

mm/dd/yyyy

Remove Allergy

Allergy 2

Allergy

Allergy

Reaction to Allergan

Allergic reaction

Date allergy reaction began?

mm/dd/yyyy

Remove Allergy

Marital Status

Select one

Living Arrangement

Select one

If other, please specify:

How many dependents over 18 does the client have?

If none, please put 0

How many dependents under 18 does the client have?

If none, please put 0

Child 3

Remove Child

First Name

First name

Last Name

Last name

Insurance Type

Select one

Insurance Number

Insurance number

Date of Birth

mm/dd/yyyy

Gender

Select one

If other, please specify:

Preferred Language

Select one

If other, please specify:

Ethnicity

Select one

Physical Address

Street address

Apartment number, unit, floor, etc.

State

Zip Code

Mailing Address

Street address

Apartment number, unit, floor, etc.

State

Zip Code

Allergies

Add Allergy

Allergy 1

Allergy

Allergy

Reaction to Allergan

Allergic reaction

Date allergy reaction began?

mm/dd/yyyy

Remove Allergy

County of Birth

County

State of Birth

State

School Attending

School

Last Completed Grade Level

Grade Level

Employment Status

Select one

If other, please specify:

Marital Status

Select one

Living Arrangement

Select one

If other, please specify:

How many dependents over 18 does the client have?

If none, please put 0

How many dependents under 18 does the client have?

If none, please put 0