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## Family Contact Information

Today's Date: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

☐ Guarantor ☐ Custodial Parent ☐ Non-custodial Parent ☐ Legal Guardian

**Parent:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

☐ Guarantor ☐ Custodial Parent ☐ Non-custodial Parent ☐ Legal Guardian

We recognize that each family arrangement is unique. You may write additional comments below.

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that the information provided above is necessary to receive services. The information I have provided is accurate to the best of my knowledge. I hereby authorize the use or disclosure of my child's individually identifiable health information to those included on this form. I agree to provide additional information about divorce, separation and custodial agreements or other legal documents. I understand that this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulation.

\_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_  
Signature Date