LSU Health New Orleans
School of Allied Health Professions
Child and Family Counseling Clinic
411 S. Prieur St., Room 307
New Orleans, LA 70112
(504) 556-3451
Fax # (504) 556-7540
Email: cfcc@lsuhsc.edu Web: http://lsuh.sc/cfcounselingclinic

NEW PATIENT CONTACT FORM

Date : _____

Name of Person Providing Information: _____

Relationship to Child: _____

Caregiver(s) Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone#: _____

Email: _____ Other Emergency # : _____

Child's Name: **DOB:** _____

Referred by Name & Phone# : _____

Relationship to Child: _____

Presenting Issue(s): _____

_____

_____

_____

_____

_____

How long have issue(s) been presenting: _____

_____

In which environments are the presenting issues affecting: Explain

_____ School _____ Home _____ Social _____ Other

Has your child received any of these professional services in the past?

_____ Counseling _____ Play Therapy _____ Group _____ Psychologist

_____ Psychiatrist _____ Office of Child Services

Does your child have a current diagnosis if yes:
What is the diagnosis_____ who evaluated_____

Insurance Information

Responsible Person Name Address City State Zip Phone #

Insurance Company: _____ Member ID#: _____

Ins. Phone _____ Employer name _____

Availability to bring child in: (check one)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

Times: earliest _____ latest _____ open _____

What time does your child get out of school each day? _____

Any other relevant information:

Custody Information:

OCS involvement: