

**Peggy Hinders, LPC, Licensed Professional Counselor**

*Individual • Couples • Family  
Children • Adolescents*

*16141 Swingley Ridge Road, Suite E2  
Chesterfield, MO 63017  
(636)236-3003*

**CONFIDENTIAL PERSONAL INFORMATION – CHILD/ADOLESCENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

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

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Others in the Home \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Who referred you here? \_\_\_\_\_

**Authorization To Release Information: I hereby authorize Peggy Hinders, LPC, to exchange academic, social, psychological, psychiatric, medical and legal information necessary for my treatment.**

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

**On the back of this page please state why you are seeking counseling services at this time.**