



Laura Kuehn, LCSW
49 Hidden Lake Road
Higganum, CT 06441
laura@cornerstonesforparents.com

Client Information Sheet

Name of Parent/Guardian: _____

Address: _____

Phone Number: _____

Email: _____

Names and Ages of Children: _____

Child(ren) living with (please circle):
Mother Father Mother and Father Other: _____

Marital Status (please circle):
Single Married Divorced Widow/er Separated

Name of Child for whom consultation is being sought: _____

School Attending: _____

Church Attending (if applicable): _____

Does your child have any medical or developmental problems? ____ No ____ Yes, please explain:

Does your child have any academic problems? ____ No ____ Yes, please explain:

Has your child had any mental health treatment? ____ No ____ Yes, please explain:



Laura Kuehn, LCSW
49 Hidden Lake Road
Higganum, CT 06441
laura@cornerstonesforparents.com

Please describe the issue/situation/problem area for which you are seeking consultation. Provide as much relevant detail as you deem necessary (use the back of the paper if necessary).

How long has the problem been in existence? _____

Please select your top 3 appointment choices that will work well with your schedule over the next two weeks. I will make every effort to honor your first choice. You will receive an email with the exact date and time (for you to approve) once this completed form is received.

- _____ Wednesday 6:30 pm
- _____ Wednesday 7:30 pm
- _____ Thursday 6:30 pm
- _____ Thursday 7:30 pm
- _____ Friday 6:30 pm
- _____ Friday 7:30 pm
- _____ Saturday 9:00 am
- _____ Saturday 10:00 am

I attest that the information on this form is true and accurate.

Parent/Guardian Signature

Date

Please return this form to the address above at your earliest convenience.
I look forward to working with you!