



Individual, Couples and Family Counseling
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MINOR CLIENT PROFILE

Name _____

Birthdate: _____ Age: _____ Today's Date: _____

Parent/Guardian (I)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: *Home:* _____ *Cell:* _____ May I text you? ** Yes No

Email: _____ May I email you? ** Yes No

Employer: _____ Phone: _____

If Applicable:

Parent/Guardian (II)

Name: _____

Mailing Address: _____

Phone: *Home:* _____ *Cell:* _____ May I text you? ** Yes No

Email: _____ May I email you? ** Yes No

Employer: _____ Phone: _____

***In-between session contact/messages are generally limited to scheduling or billing issues*