

14000 Crown Court, Ste. 101 Woodbridge, VA 2219 Ph # 703-396-7215 Fx # 571-364-8915	6611 Jefferson St, 1 st Floor Haymarket, VA 20169 Ph # 571-921-4812 Fx # 703-743-1688	6800 Backlick Road Ste. 300 Springfield, VA 22150 Ph # 703-310-7449 Fx # 571-282-4559	19415 Deerfield Ave Ste. 101 Lansdowne, VA 20176 Ph # 703-659-1433 Fx # 703-723-7222	20 Rock Pointe Ln Ste. 201 Warrenton, VA 20186 Ph # 703-659-9847 Fx # 540-935-2418	3800 Fettler Park Dr Ste. 103 Dumfries, VA 22025 Ph # 571-479-2302 Fx # 866-206-0849
MINOR (CLIENT CONT	CACT INFORM	MATION SHE	ET 17 YRS &	UNDER
Name:	LAST	//	FIDOT	//	/
	LAST			MIDDLEINT	IAL SUFFIX
	Ra			ity:	
Address Where Pat	tient Resides:				
		STREET			
CITY	STATE		ZIP CODE		
Parents/Legal Guar	rdian Information: * <i>F</i>	Please full out the add	lress portion if the add	lress is different from	where patient resid
-		·			i where patient resta
Parent 1/Legal Guard	lian 1: FULL NAME			RELATI	ONSHIP
STREET		CITY		STATE	ZIP CODE
HOME PHONE #	WORK PHONE #		CELL PHONE #		
•	apply: Home				
EMAIL ADDRESS	V		nis email for Tele-Beh <u>E EMAIL CAN BE USE FO</u>		
Parent 2/Legal Guard	lian 2:				
Turono 2/Degui Guir	FULL NAME			RELATI	ONSHIP
STREET		CITY		STATE	ZIP CODE
HOME PHONE #	WORK PHONE #		CELL PHONE #		
May Youth For Tome If yes, check all that	orrow leave a message o apply: Home		e only		ice & Text
If no, please provide	an alternate phone on	which we may leave	amessage:		
EMAIL ADDRESS			his email for Tele-Bel E EMAIL CAN BE USE FOI		
	nor , is there any other i				
• If "Yes": Is the add	itional individual(s) when the second s	no has legal rights in r	egards to this minor, f	ully in support of the	
• If "Yes": Please pr	ovide the following inf	ormation regarding sa	id individual:		
a. (print):		/		/	/

 Name
 Relationship
 Contact Phone#
 Fax # (include areacode)

b. Explanation of the legal custodial arrangement for the minor:



611 Jefferson St,	6800 Backlick Road	19415 Deerfield Ave	20 Rock Pointe Ln	3800 Fettler Park Dr
l st Floor	Ste. 300	Ste. 101	Ste. 201	Ste. 103
Haymarket, VA 20169	Springfield, VA 22150	Lansdowne, VA 20176	Warrenton, VA 20186	Dumfries, VA 22025
h # 571-921-4812	Ph # 703-310-7449	Ph # 703-659-1433	Ph # 703-659-9847	Ph # 571-479-2302
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ACKNOWLEDGMENT OF RIGHT FOR PARENTS OF MINOR CHILDREN

I understand that pursuant to Virginia Code 54.1-2969(E), my minor child shall be deemed an adult for the purpose of consenting to medical or health services needed in the case of outpatient care, treatment, or rehabilitation for mental illness or emotional disturbance.

8.	If the Client is a Minor, please list: a. School attended:		b. Gr	ade				
).	Emergency Contact:							
	Emergency Contact:FULL NAME			RELATIONSHIP				
	ADDRESS (IF DIFFERENT) STREET	CITY	STATE	ZIP CODE				
	HOME PHONE # CELL PHONE #							
0.	Military Status of Parent/ Legal Guardian:							
	No Military Status Active Duty Armed Forced Reserved							
	National Guard Armed Forces or N	National Guard Retired	Armed	Forces or National Guard				
	Discharged (any type)	nt Family Member of A	Armed Forces or Nati	onal Guard				
1. 1	Primary Insurance	/		/				
	Primary Insurance INSURANCE COMPANY NA	///////	MEDICAL ID #	GROUP#				
2.	Secondary Insurance	/		1				
13.	Social Security number & the person's name of who	notus the nearth filsu	rance for the minor:					
	FULL NAME	NAME RELATIONSHIP		SSN				
14.	Is there anyone else who has this child as a beneficiar	ry on their insurance	plan? Yes	No				
	If yes, provide us with name and contact phone numb	ber:		PHONE NUMBER				
5.	I have been given a copy of the YFT Orientation Pack (Sign and date below.)		ation of my Rights ar					
	PRINT NAME OF PARENT/LEGAL GUARDIAN	PRINT PATII	PRINT PATIENT'S NAME					
	SIGNATURE OF PARENT/LEGAL GUARDIAN		E OF PATIENT IS 13 YRS AND OLDER*					