



Allison S. Kress Psy.D. (PY 60558205)

271 Wyatt Way NE Suite 200,
Bainbridge Island, Washington 98110

2500 E. Madison Street Suite 304,
Seattle Washington 98112

(949) 235-6636 drallison@drallisonkress.com www.DrAllisonKress.com

CLIENT INFORMATION (MINOR)

Today's Date: _____

Minor's Name: _____ Minor's Age: _____

Parents' Names: _____

Biological Parents are (Circle one): Married Separated Divorced Other _____

Minor's Home Address: _____

Minor's Home Phone: _____ Minor's Cell Phone: _____

Parent's Address: (If different from minor) _____

Parent's Home Phone: (If different from minor) _____

Parent's Business Phone: (Specify which parent) _____

Parent's Cell Phone: (Specify which parent) _____

Reason for Referral: _____

Referral Source: _____

Any Current or Prior Medications: (Specify what medication is for and duration of prescription.) _____

*May I mail information to your home address? **Yes/No***