

Westchester Psychological Services

91 Smith Avenue
Mount Kisco, NY 10549
845-313-9049

www.WestchesterPsychologicalSvcs.com

New Client Information *(child/teen)*

Client Name: _____ **Date of Birth:** _____
Street Address: _____ **City/State/Zip:** _____
Phone(s): _____ **Email(s):** _____
Parent Name(s): _____
School/Grade: _____

Is child receiving services from school district? YES NO
If so, please describe (504/IEP, etc):

If your child working with other professionals (tutors/medical specialist) please list and provide contact information:

Medication History *(if applicable):*

Medication	Prescribing Physician	Reason for prescribing	Start Date	End Date	Side effects

If you will be submitting to your insurance to use out-of-network benefits, please provide the name or your carrier: _____

Referred by: _____