

**Kwai Kendall-Grove, Ph.D.**

Licensed Clinical Psychologist

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**CLIENT INFORMATION FORM**

Name of Client: \_\_\_\_\_

Name of Parents/Legal Guardians: \_\_\_\_\_

Who has Custody of the Child/Adolescent: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:  
(Home/Work/Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Is it ok to leave detailed messages at the above contact numbers? \_\_\_\_\_

Referral to my practice from: \_\_\_\_\_

I often thank referrals for sending you my way. Is this okay with you? \_\_\_\_\_

**Primary Care Physician/Pediatrician**

Name: \_\_\_\_\_

Practice and Phone #: \_\_\_\_\_

**School Information (If Applicable)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_