



## Client Registration: Child & Adolescent

Welcome to Sundstrom Clinical Services. We're glad you're here and have chosen us to support your family's mental wellness. Our team is committed to providing compassionate, confidential, and high-quality care. We know filling out forms is a lot! So, thanks for finishing the "not fun part."

In addition to completing these registration and policy forms, we invite you to explore your portal and update the following sections so the portal can work the best:

- Add your credit card for payment
- Upload a copy of your insurance card
- Update your profile and notification settings (this is located in the upper right corner under your name: "My profile" or "Notification settings")

If you have any questions while filling out this form, we are here to help. Feel free to send a message via the Patient Portal (*select the Appointments and Scheduling option for the type of question*) or call our front desk staff at 503-653-0631.

We look forward to supporting your family.

### Guarantor and Subscriber Information

"Who's who?" can be confusing between minors and parents...Hopefully, this helps!

- **The Guarantor:**
  - guardian/parent that is starting the treatment for the child/teen
  - signs the financial policy (coming up in the next couple of forms)
  - responsible for unpaid balances on the account
- **The Subscriber:**
  - adult whose name is primary on an insurance policy
  - Note: sometimes this is the same as the guarantor but not always (e.g., dad could sign the forms but mom is listed on the insurance).

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

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

Guarantor Phone Number: \_\_\_\_\_

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

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

Subscriber Phone Number: \_\_\_\_\_



### Client Information

List the MAIN contact info **for the CLIENT below**. If the child/teen has multiple homes or contacts, list the info **that lines up with the Guarantor**. *Additional contacts (e.g., other parent, additional address or phone numbers will be reviewed and added later.*

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Method of Contact: ☐ Home ☐ Cell ☐ Work ☐ Email

### Please include emergency contact information below:

Full Name: \_\_\_\_\_ Relationship To Client: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_