

Today's Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Current prescribed medication/supplements for mental health \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

**EMERGENCY CONTACT**

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

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

Relationship: \_\_\_\_\_

**PARENT INFORMATION**

**PARENT INFORMATION**

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

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

Age: \_\_ Sex: \_\_ Phone: \_\_\_\_\_

Age: \_\_ Sex: \_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

How Long Employed: \_\_\_\_\_

How long employed: \_\_\_\_\_

**INFORMATION ABOUT SIBLINGS**

NAME

AGE

SEX

LIVING AT HOME?

STEPCHILD

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