



**- Demographic and contact information -**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of child/adolescent:** \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current age: \_\_\_\_\_

\_\_\_\_\_  
Patient cell phone (if applicable)

Birth place: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_  
Patient home phone

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

Pediatrician: \_\_\_\_\_

\_\_\_\_\_  
Pediatrician phone

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

**Name of parent/guardian #1:** \_\_\_\_\_

Relationship to patient (M, F, other): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current age: \_\_\_\_\_

\_\_\_\_\_  
Cell phone

Birthplace: \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_  
Home phone

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

Occupation: \_\_\_\_\_

\_\_\_\_\_  
Work phone

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

Current marital status: \_\_\_\_ # years married: \_\_\_\_

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

Name of spouse: \_\_\_\_\_

Previous marriages? Y N Dates: \_\_\_\_\_

Date separated/divorced/widowed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Highest level of education completed: \_\_\_\_\_

