



Date :

Referral source if applicable:

Patient's Name:

Age: Date of Birth:

School, Grade level, GPA:

Parent(s) Name(s) Including Stepparents:

Mother and/or Stepmother home, work, cell:

Father and/or Stepfather home, work, cell:

Patient home, work, cell:

Email Parents:

Email Patient if applicable:

Parents' Employment:

Responsible Party & Current Mailing Address:

Sibling names and ages (including half siblings and stepsiblings):

Current/Previous Mental Health Diagnosis:

Current Medications, Dosages, and who prescribed:

Primary Care Physician & Phone number:

Previous Psychiatrists or therapists:

Previous Hospitalizations (Hospital, Date, Reason for Admission):

Can you list goals and/or expectations of your child's therapy?(continue on back if needed)