

## Patient Information:

Patient's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Siblings Name(s): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lives at home: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lives at home: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lives at home: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lives at home: \_\_\_\_\_

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

Guardian's Occupation: \_\_\_\_\_ Employeer: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical history/ Psychiatric History: (Medications, illnesses, hospitalizations, sugeries, doctor, prior counseling, drug / alcohol abuse treatment etc.)

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### Emergency Contact Information-

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

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

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Referred By: \_\_\_\_\_