



Cover Sheet Child & Adolescent

CHILD / ADOLESCENT INFORMATION

Name _____ Sex _____
FIRST M.I. LAST

Address _____ Birth Date _____
CITY STATE ZIP

Physician _____ Religious Preference _____

Education Level _____

MOTHER

FATHER

<p>_____ <small>FIRST M.I. LAST</small></p> <p>_____ <small>CITY STATE ZIP</small></p> <p><input type="checkbox"/> Text OK } <input type="checkbox"/> Message OK } <input type="checkbox"/> Message OK } <input type="checkbox"/> Message OK }</p> <p>_____ _____ _____ _____ _____</p>	<p>Name</p> <p>Street Address</p> <p>City, State, ZIP</p> <p>Mobile Phone #</p> <p>Home Phone #</p> <p>Work Phone #</p> <p>Email Address</p> <p>Birth Date</p> <p>Social Security #</p> <p>Employer</p> <p>Education Level</p> <p>Marital Status</p> <p>Date of Marriage</p>	<p>_____ <small>FIRST M.I. LAST</small></p> <p>_____ <small>CITY STATE ZIP</small></p> <p><input type="checkbox"/> Text OK } <input type="checkbox"/> Message OK } <input type="checkbox"/> Message OK } <input type="checkbox"/> Message OK }</p> <p>_____ _____ _____ _____ _____</p>
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SIBLINGS OF CHILD

(Name, Birth Date, Sex)

_____	_____
_____	_____
_____	_____

 Print — Name of Client or Legal Representative

 Relationship to Client

X _____
 Signature — Parent or Legal Representative (must be 18 or older)

 Date