

Client Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

<b>Parent Information</b>			
Mother Name:		Birthdate:	Occupation:
Home Phone:	Work Phone:	Cell Phone:	Email:
Father Name:		Birthdate:	Occupation:
Home Phone:	Work Phone:	Cell Phone:	Email:
Stepfather Name:		Birthdate:	Occupation:
Home Phone:	Work Phone:	Cell Phone:	Email:
Stepmother Name:		Birthdate:	Occupation:
Home Phone:	Work Phone:	Cell Phone:	Email:
Other Relationship Name:		Birthdate:	Occupation:
Home Phone:	Work Phone:	Cell Phone:	Email:
Siblings Name:		Age/Grade in school	Lives with? Y/N

<b>Emergency Contact Info</b>			
1)	Name:	Relationship:	Home Phone:
	Address:	Work Phone:	Cell Phone:
2)	Name:	Relationship:	Home Phone:
	Address:	Work Phone:	Cell Phone:
3)	Name:	Relationship:	Home Phone:
	Address:	Work Phone:	Cell Phone:
	Primary Care Provider:	Phone:	Fax:
	Dentist:	Phone:	Fax:
	Health Insurance Provider:	Card Number:	Preferred Hospital: