The Therapeutic Center for Children and Families

Today's Date: _____/_____/_____

NAME OF CHILD: _____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Child Phone #: _____
(if applicable)

Date of Birth: _____/_____/_____ Age: _____ Birth Place: _____

School: _____ Grade: _____ Religion: _____

Custodial Parents: _____ Phone #: _____

Pediatrician: _____ Phone #: _____

NAME OF CHILD'S MOTHER: _____

Date of Birth: ____/____/____ Age: _____ Birth Place: _____
If applicable, date of arrival in USA: _____

If deceased, date & cause of death: _____ Religion: _____

If different than above, home address: _____

City: _____ State: _____ Zip: _____

Provide the following numbers and check the best number(s) to reach you:
☐Home#:_____ ☐Work#:_____ ☐Mobile#:_____ ☐ Fax#:_____

Email Address:_____
If applicable, please include:
Hours/Days
Occupation: _____ of Work: _____

Employer: _____

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 degree: _____ Grad/Post-grad degree(s): _____

Please answer the items that apply to your current marital situation:
Current marital status: _____ # years married: _____

Name of spouse: _____

Date separated:_____/_____/_____ Date divorced:_____/_____/_____ Date widowed:_____/_____/_____

Previous marriages? Y N if yes, provide dates: _____

PLEASE PROVIDE AT LEAST 48 HOURS NOTICE FOR ALL CANCELLATIONS
OUR PRACTICE DOES NOT PARTICIPATE WITH ANY INSURANCE PLANS

NAME OF CHILD'S FATHER:_____

Date of Birth: ____/____/____ Age: _____ Birth Place: _____
If applicable, date of arrival in USA: _____

If deceased, date & cause of death: _____ Religion: _____

If different than above, home address: _____

City: _____ State: _____ Zip: _____

Provide the following numbers and check the best number(s) to reach you:
☐Home#:_____ ☐Work#:_____ ☐Mobile#:_____ ☐Fax#:_____

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Previous marriages? Y N if yes, provide dates: _____

PLEASE LIST ALL PERSONS LIVING IN THE CHILD'S HOME INCLUDING ALL CHILDREN IN BIRTH ORDER

NAME	RELATIONSHIP TO CHILD (PATIENT)	BIRTH DATE	BIRTH PLACE	IF ADOPTED, WHEN?	EMPLOYMENT AND/OR SCHOOL/GRADE(PROGRAM)

(if necessary, please attach another sheet of paper)