

**Child Information Form**  
*To be filled out by parent or legal guardian*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Parents Names \_\_\_\_\_  
Parents Work Telephone Number: Mother \_\_\_\_\_ Father \_\_\_\_\_  
Person to Contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_  
Marital Status of Parents \_\_\_\_\_  
Child resides with mother or father? \_\_\_\_\_ Number of years \_\_\_\_\_

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Mothers date of birth \_\_\_\_\_ Fathers date of Birth \_\_\_\_\_  
Mothers occupation \_\_\_\_\_ Fathers occupation \_\_\_\_\_  
Address of non-residential parent \_\_\_\_\_  
Name of stepparents' \_\_\_\_\_

Please list other children living and deceased in order of birth. If step or half please identify parents (continue of back if necessary)

Name	Age	Sex	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other persons living in home \_\_\_\_\_

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School \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Teacher \_\_\_\_\_  
(school or teacher contacted only with your written permission)

Grades \_\_\_\_\_ Any Grade(s) Repeated? \_\_\_\_\_  
Please list your child's schools \_\_\_\_\_

Child's current grades/GPA \_\_\_\_\_  
Extracurricular activities in the past six months: \_\_\_\_\_

Please describe your child's study habits \_\_\_\_\_

Is your child adopted? Yes \_\_\_ No \_\_\_ At what age? \_\_\_\_\_

Special circumstances or adoptive information \_\_\_\_\_

Mother's health during pregnancy: \_\_\_\_\_

Problems with pregnancy, labor or delivery \_\_\_\_\_

I preterm, please give weight and height \_\_\_\_\_

To the best of your knowledge, please record the age at which your child accomplished each of the following:

\_\_\_ Walked alone \_\_\_ Said words \_\_\_ Toilet trained \_\_\_ Used two word sentences

Is there a history (indicate with H) or current concern (C) with any of the following:

- |                     |                  |                      |                      |
|---------------------|------------------|----------------------|----------------------|
| ___ Head injury     | ___ Bedwetting   | ___ Wetting pants    | ___ Unusual fears    |
| ___ Temper tantrums | ___ Fire setting | ___ Constipation     | ___ Temper outburst  |
| ___ Speech          | ___ Headaches    | ___ High temperature | ___ Coordination     |
| ___ Over activity   | ___ Eating       | ___ Suicidal         | ___ Noncompliance    |
| ___ School          | ___ Attention    | ___ Learning         | ___ Mood changes     |
| ___ Sleep           | ___ Soiling      | ___ Drugs/alcohol    | ___ Sad, Unhappy     |
| ___ Anxious         | ___ Angry        | ___ Bullies          | ___ Lies             |
| ___ Steals          | ___ Cheats       | ___ Cries easily     | ___ Fighting         |
| ___ Immature        | ___ Loner        | ___ Irritable        | ___ Nightmares       |
| ___ Nail biting     | ___ Runs away    | ___ Shy, timid       | ___ Teased           |
| ___ Avoids school   | ___ Pouts        | ___ Talks back       | ___ Cruel to animals |

Other \_\_\_\_\_

Child's physician \_\_\_\_\_ Current weight \_\_\_ Height \_\_\_

Date of last exam \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Reason last seen \_\_\_\_\_

Bywhom? \_\_\_\_\_ Findings? \_\_\_\_\_

Allergies? \_\_\_\_\_

Any important medical conditions now or in past? \_\_\_\_\_

Please list all medication your child is currently taking \_\_\_\_\_

Any other concerns? \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

