

Minor Information Form

(Please print)

Today's Date: _____

Minor's Name _____ Birth Date: _____ Age: _____

Minor's Name _____ Birth Date: _____ Age: _____

Minor's Name _____ Birth Date: _____ Age: _____

Minor's Name _____ Birth Date: _____ Age: _____

Minor's Name _____ Birth Date: _____ Age: _____

Name of Guardian(s) _____ Relationship _____

Home Address: _____

Street

City

Zip Code

Home Ph#: _____ Work Ph#: _____ Other: _____

Marital Status: Single () Married () Separated () Divorced () Widowed () Live-In ()

Employed By: _____

Name of Company

Address

Phone

Referred By: _____

Source/Name

Emergency Contact: _____

Name

Address

Phone

Relationship

Insurance: _____

Name

Policy #

Insured's Name

Insurance Billing Address _____ City _____ State _____ Provider Information Telephone # _____

Has your child/children ever seen a mental health professional before? () Yes () No

If yes, please indicate circumstances:

Who	When (dates)	For What Problem(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Birthplace _____

Was your child breast fed and if so, for how long? _____

Any change of residences or schools? () Yes () No

If yes, estimate the number of moves and school changes made up to now _____

Please describe the circumstances _____

If parents are not together, please explain the circumstances for separation _____

Please mark where indicated for the household: () Substance Abuse, () Separation, () Multiple Separations, () Divorce, () Domestic violence, () Legal Problems

Parent's Occupation _____

List any siblings (brothers/sisters) and their ages

Sibling	Age	Sibling	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please explain any significant medical history or experiences _____

Any major traumas, surgeries, serious accidents, or diseases _____

Please list any challenges or disabilities that your child has _____

Either parent smoke? _____ How much? _____ Inside the home? _____

Either parent drink alcoholic beverages? _____ Please indicate how much and how frequently

Is there anything else you would like to say about your child, children or family? _____
