

GENERAL INFORMATION INTAKE FOR DEPENDENTS:

Date: _____
Birthdate: _____
First M.I. Last
What name do you prefer to go by? _____ Home Telephone: (____) _____
Address: (Street, City, State, ZIP) _____

OCCUPATION (If employed, rather than attending school):

Job description: _____ Business Telephone: (____) _____
Place of employment: _____ Address: _____
Number of years employed there: _____ Yearly income: \$ _____
Previous employment: _____

MEDICAL HISTORY:

SS# if we are submitting to insurance: _____

Family doctor: _____ Last visit: _____ Last Physical: _____
Height _____ Weight _____ Any recent gain or loss? _____
Please list physical problems, including diseases, injuries, operations:

	When began:	When ended:	Physician:	Treatment:	Medication:
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Have you taken antibiotics within the last five years? _____
Review: Epilepsy _____ Diabetes _____ Heart problems _____ Hypertension _____

SCHOOL (If in elementary or high school; please answer all questions; if in college or technical school, please answer only questions in *italics*):

School: _____ Grade: _____
Have you ever been held back or advanced? _____ What year? _____
Subjects you like: _____
Subjects you dislike: _____
Teachers you like: _____
Teachers you dislike: _____
Have you ever been disciplined in school?(detentions/suspension/expulsions/extra homework, etc.) _____
How often? _____
How often are you absent from school? _____
How do you think you are doing in school? _____
How do you feel about school? _____
How do you get along with your classmates? _____
What school activities do you participate in? _____

HOME:

What do you like to do at home? _____
Do you have any responsibilities at home? _____
How are you disciplined? _____
How are you rewarded? _____
How do you earn money? _____
What do you usually spend your money on? _____
How would you like things to be different at home? _____
Why do you think your family came today? _____