Academy
of Physical & Social Development

Please fill out <u>both sides</u> of this form and <u>bring it with you</u> to your appointment.

Child's Name _____ D.O.B.___/___/___ Age _____ Grade _____

Address _____ Zip _____

Parent's Name _____ Occupation _____

Home Phone ( ) _____ Work Phone ( ) _____ Cell ( )_____

Parent's Name _____ Occupation _____

Home phone ( ) _____ Work Phone ( ) _____ Cell ( )_____

E-Mail _____

Marital status of parents: M___ D___ Sep___ Re___ Dom Part ___ Single ___ Wid ___

Address of either parent if different from child's: _____

_____Zip_____

Custody arrangement (if applicable): _____

Is your child adopted? ___Yes ___ No At what age?____ Been informed? ____Yes ____No

Name and ages of siblings _____

Name of others who live in home: _____

Significant medical history relating to birth, infancy and childhood _____

_____

Diagnosis (medical / mental health)_____

Medications currently taking (dose/frequency)_____

Medications previously taken: _____

Have you noticed a difference in your child when they are taking medication?: ☐ Yes ☐ No

CONTINUED ON REVERSE SIDE

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School child currently attends: _____ Time dismissed: _____

Previously attended school(s): _____

Academically, your child is doing: ☐Excellent ☐Very well ☐Well ☐Fair ☐Poor

Does your child have learning disabilities? ____Yes ____No If yes, what type? _____

_____

Does your child receive special education services (IEP/504)? ____Yes ____No

If yes, please describe: _____

Socially, your child is doing: ☐ Excellent ☐Very well ☐Well ☐Fair ☐Poor

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This form was filled out by: _____Date_____

Name of referring person: _____ Phone ( ) _____

Address: _____ Zip _____

To help us better understand your child please fill out the form below with the name and address of a professional who knows your child well (i.e., counselor, teacher, therapist).

RELEASE FORM

I hereby give permission to _____

At _____

street city zip

to provide the Academy of Physical and Social Development with the information regarding my son/daughter _____. I also give the Academy permission to speak with the person listed above regarding my child.

_____ _____

Witness Date Signature Date