

MICHAEL R. LaVALLE, Ph.D.

GENERAL INFORMATION

Date: _____

CHILD/ADOLESCENT:

Name: _____ Age: _____

Address: _____

PARENT(S):

Mother's Name: _____ Age: _____

Address (if different from above):

Phones: (home) _____ Voicemail msg okay? Yes No

(work) _____ Voicemail msg okay? Yes No

(cell) _____ Voicemail msg okay? Yes No

E-mail: _____

Occupation: _____ Employer: _____

Highest Grade/Degree: _____

Father's Name: _____ Age: _____

Address (if different from above):

Phones: (home) _____ Voicemail msg okay? Yes No

(work) _____ Voicemail msg okay? Yes No

(cell) _____ Voicemail msg okay? Yes No

E-mail: _____

Occupation: _____ Employer: _____

Highest Grade/Degree: _____

Parents' marital status (circle): single married separated divorced

If divorced, please describe custody arrangement:

SIBLINGS:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Please list any other people living in the home(s):

SCHOOL:

Name: _____ Grade: _____

Primary Teacher(s): _____

PEDIATRICIAN:

Name: _____

Phone: _____

EMERGENCY CONTACT(S):

Name: _____ Relationship to child: _____

Phone: _____

Name: _____ Relationship to child: _____

Phone: _____

Referred by: _____

Phone: _____

Consent to acknowledge the referral? (circle one) Yes No