



Laura C. Kauffman, Ph.D.

843 El Camino Real

Menlo Park, CA 94025

(650) 763-8583

CA PSY#23071

Patient Information - Child

Patient's name: _____ Date of appointment: _____
Gender: ___ F ___ M Date of birth: _____ Age: _____
Form completed by (if someone other than client): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (home): _____ (work): _____ (cell): _____
School: _____ Grade: _____

Guardian/Emergency Contact Information

Patient's Mother/Guardian

Name: _____ DOB: _____ Age: _____
Address if different than above: _____
Occupation: _____ FT ___ PT ___
Where employed: _____ Work phone: _____

Patient's Father/Guardian

Name: _____ DOB: _____ Age: _____
Address if different than above: _____
Occupation: _____ FT ___ PT ___
Where employed: _____ Work phone: _____

Patient's Siblings and Others Who Live in the Household

Names	Relationship	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred by: _____ Family Doctor: _____
Current medications and reason: _____

Health or medical issues: _____

Primary Concern that brings you in: _____
