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Child and Adolescent Information

Child's Name _____ Date of Birth _____

Address _____

Child's cell phone # _____ email _____

Mother's Name _____

Mother's Address _____

Telephone number (home) _____ (work) _____

(cell) _____ (email) _____

Father's Name _____

Father's Address _____

Telephone number (home) _____ (work) _____

(cell) _____ (email) _____

Name of Insurance Company _____

Insured person _____ Insurance ID# _____

Claims Address _____

Name and phone # of pediatrician _____

Name and phone # of psychiatrist (if applicable) _____

Name of School and phone # _____

Current Medications and Doses _____

For Office Use Only:

CPT-4 Code _____ Diagnosis _____ Fee _____