



Initial History Questionnaire:

Name: _____ DOB: _____ M F

Household Information:

Please list all those living in child's home.

Name: _____ Relationship to child: _____ DOB: _____ Health Problems: _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Are there siblings not listed? If so, please list their names and ages and where they live.

If mother and father are not together or if child does not live with parents, what is the child's custody status?

If one or both parents are not living in the home, how often does he/she see the parent/parents not in the home?

Please List Current Information:

Address: _____

Home Phone # _____ Cellular Phone # _____

Emergency Contact: _____ Phone # _____

Form Completed By _____ Relationship to Child _____ Date Completed _____