

ALVORD, BAKER & ASSOCIATES, LLC

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Today's Date _____

Child/Adolescent: _____

Birth Date: _____

Address: _____

Grade: _____

School: _____

List addresses only if different from above:

Mother: _____

Stepmother: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Father: _____

Stepfather: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Referred by: _____

Please give a brief description of the problem(s):

Has treatment been sought previously? Yes _____ No _____