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Clinical Psychologist

Patient Information Sheet (Child)

Child's Full Name: _____ DOB: _____ Age: _____ Sex: _____

Street Address: _____

City, State, Zip Code: _____

Name of School: _____ Grade: _____ District: _____

Father: _____ Mother: _____

Parent's Marital Status: Single Married Separated Divorced Widowed

Child lives with: Mother Father Step-parent Adopted parent

Foster Parent Extended Family Other

Father's Information:

Occupation: _____ Employer: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email address: _____

Mother's Information:

Occupation: _____ Employer: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email address: _____

Other Information:

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Client's phone (if they plan to come to apt. alone): _____

Is it alright to leave messages on your voice mail? _____ With family members, roommates, etc.? _____

Is it alright to use contact you via email? _____ The US Postal Service? _____

(Note that any messages left would contain only minimal information.)

Please indicate if there is information above that I should not use to contact you.

