

CONFIDENTIAL  
PERSONAL DATA SHEET-MINOR

Today's date\_\_\_\_\_

**Child/Adolescent's:**

Name\_\_\_\_\_

Address(Please include zip code)\_\_\_\_\_

\_\_\_\_\_ Home Phone\_\_\_\_\_

Age\_\_\_\_\_ Birth Date\_\_\_\_\_ Birth Place\_\_\_\_\_

School\_\_\_\_\_ Grade\_\_\_\_\_

School Address (Please include zip code)\_\_\_\_\_

School Phone Number\_\_\_\_\_

**Current marital status of parent(s):**

Never Married\_\_\_ Married\_\_\_ Separated\_\_\_ Divorced\_\_\_ Co-habiting\_\_\_ Widowed\_\_\_\_\_

If separated, divorced, or widowed, since when\_\_\_\_\_

**Parent(s) or other primary adult(s) in home with child/adolescent**

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Age\_\_\_\_\_ Birth Date\_\_\_\_\_ Birth Place\_\_\_\_\_

Occupation\_\_\_\_\_ Employer\_\_\_\_\_

Work Address (Please include zip code)\_\_\_\_\_

Work Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_ E-mail\_\_\_\_\_

Social Security #\_\_\_\_\_ Driver's License #\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Age\_\_\_\_\_ Birth Date\_\_\_\_\_ Birth Place\_\_\_\_\_

Occupation\_\_\_\_\_ Employer\_\_\_\_\_

Work Address (Please include zip code)\_\_\_\_\_

Work Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_ E-mail\_\_\_\_\_

Social Security #\_\_\_\_\_ Driver's License #\_\_\_\_\_

**Parent and/or other primary adult not in home (if applicable)**

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Age\_\_\_\_\_ Birth Date\_\_\_\_\_ Birth Place\_\_\_\_\_

Occupation\_\_\_\_\_ Employer\_\_\_\_\_

Work Address (Please include zip code)\_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

**Siblings:**

(Please list names, ages, and life circumstance – for example, living at home, away at school, married and in St. Louis, deceased, etc.)

Name \_\_\_\_\_ Age \_\_\_\_\_  
Life circumstance \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
Life circumstance \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
Life circumstance \_\_\_\_\_

(Please use reverse side of previous page for additional siblings, others in the house, or any special circumstances you would like to mention)

**Physician/Pediatrician(s):**

Name \_\_\_\_\_ Specialty \_\_\_\_\_  
Address and phone \_\_\_\_\_

Name \_\_\_\_\_ Specialty \_\_\_\_\_  
Address and phone \_\_\_\_\_

**Authorization:** By initialing here, I give Dr. Marwit permission to contact the above named physician(s) in order to coordinate care (initial here → \_\_\_\_\_ )

**Medications:**

Medication _____	Dosage _____	Reason _____
Medication _____	Dosage _____	Reason _____
Medication _____	Dosage _____	Reason _____

**Who referred you?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
May I call to acknowledge the referral? Yes \_\_\_ No \_\_\_

**Insurance information:**

Company \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

**Authorization:** By initialing here, I give Dr. Marwit permission to release all information needed to process insurance claims, including that related to drug/alcohol use and communicative diseases (initial here → \_\_\_\_\_ )

***If divorced:***

Which parent is responsible for payment \_\_\_\_\_

Please describe custody arrangement \_\_\_\_\_

\_\_\_\_\_ (Use back for further information)