



Client Information

Patient Information:

Date:

Name:

(Last) (First) (Middle)

Birthdate:

Sex: Male Female

Race:

_____ Address:
Apt#:

(Street)

City:

State:

Zip Code:

County:

Phone #:

Home:

() _____

Work:

() _____

:

() _____

Best
OK t

Best

time to call:

OK to leave voice message?

Cellular: Yes No

May we contact you via
email?

Email Address:

Yes

No

Insurance Information

** Please note. Though our practice does not file any claims to insurance on your behalf, it is necessary to have this information available in the event we need to contact your insurance regarding GAP Exceptions, Prior Authorization, etc.* *

Insurance Name:

Member ID #:

Group#:

Subscriber Name:

Provider Services Number:

Medical Information:

Primary Care Physician:

Address:

Phone:

Release of Information:

Please note: The person with legal custody must sign the permission to evaluate below. If you have temporary custody, please bring all related paperwork with you to the appointment. If patient is 18 years or older, patient must sign below.

Authorization for Assessment/Therapy Treatment:

Developmental Pediatric Specialists, Inc. is authorized to initiate Evaluative/Diagnostic/Therapy procedures on the above-named patient to clarify issues pertinent to the health, development, or adjustment of the patient.

Patient/Parent/Guardian Signature _____ Date

Parent(s)/Legal Guardian(s):

Name:

(Last) (First) (Middle)

Address:

(Street) (Apt. #)

(City) (State) (Zip)

Relationship: _____ Phone: () _____

Name:

(Last) (First) (Middle)

Address:

(Street) (Apt. #)

(City) (State) (Zip)

Relationship: _____ Phone: () _____

ADDITIONAL INFORMATION

Emergency Contact Information (if we are unable to reach you):

Name	Relationship	Phone number
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Parent/Guardian Signature	Date
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Additionally, the following person(s) have permission to transport the patient and to provide information in my absence:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Adoption

If you child was adopted please circle the appropriate response:

- 1) The adoption can be discussed freely in front of the child YES NO
- 2) Please only discuss the adoption when the child is NOT present YES NO

If you circled YES to question two, please answer the following questions:

- 1) How old was your child at the time of adoption?

- 2) What country was your child adopted from?

- 3) Do you have any birth records or information about the birth family? YES
NO
- 4) Did you have an open adoption? YES NO
- 5) If yes, are you still in contact with the birth parents? YES NO