

REID WHITESIDE, Ph.D., P.C.

NEW PATIENT INFORMATION - Continued

Complete if patient is a MINOR

Minor patient's name: _____ Prefers to be called by name: _____

Date of birth: _____ Age: _____ School and grade: _____

School contact person (optional): _____ IEP or Section 504 Plan? _____

Child's psychiatrist or other provider: _____ Pediatrician: _____

Medications, medical, communication, or physical conditions that impact activities of daily living:

Mother's name: _____

Mother's address (if not the same as patient's primary residence):

Mother's phone numbers: Home: _____ Work: _____ Cell: _____

Father's name: _____

Father's address (if not the same as patient's primary residence):

Father's phone numbers: Home: _____ Work: _____ Cell: _____

Siblings' names and ages:

If patient is the child of separated, divorced, or unmarried parents, explain the custody arrangement and specify child's primary residence.

Stepmother: _____ Phone: _____ Residence: _____

Stepfather: _____ Phone: _____ Residence: _____

The person completing this form and signing the contract is solely responsible for charges and costs incurred in evaluation and treatment.

