

## MEDICAL/SOCIAL HISTORY

Family Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Children's Name      Date of Birth      Gender      School      "Goes By"      Cell Phone Number  
(List last name if different)

<u>Children's Name</u> (List last name if different)	<u>Date of Birth</u>	<u>Gender</u>	<u>School</u>	<u>"Goes By"</u>	<u>Cell Phone Number</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Mother's name (first and last) \_\_\_\_\_

Mother's employer \_\_\_\_\_

Position held \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's name (first and last) \_\_\_\_\_

Father's employer \_\_\_\_\_

Position held \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other

Parents relationship to each other \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated  
\_\_\_ Single \_\_\_ Widowed \_\_\_ Other

Any additional explanation required: \_\_\_\_\_

Any custodial restrictions we need to be aware of? \_\_\_\_\_

Do we have custodial agreements on file? \_\_\_\_\_

Any other adult(s) involved in child's life?

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

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

Religion of child \_\_\_\_\_

(Please sign emergency authorization on back)

AUTHORIZATION FOR TREATMENT IN CASE OF EMERGENCY: In case of emergency, if I cannot be reached, the Fort Collins Youth Clinic has my permission to treat the members of my family as necessary.

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Signature

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Date