

EVERGREEN

PSYCHIATRY

CHILD REGISTRATION FORM

Date: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Preferred Name: _____

Date of Birth: _____ Age: _____

Gender: Male Female Transgender Non-binary Other Decline to Specify

Mailing Address: _____

City/State: _____ Zip: _____

Patient E-mail Address (Optional): _____

Patient Cell Phone (Optional): _____

School Name: _____ Grade: _____

City/State: _____

PARENT INFORMATION:

Parent/Guardian 1 Name: _____

Phone: _____

Email: _____

Relationship to Patient: _____

Parent/Guardian 2 Name: _____

Phone: _____

Email: _____

Relationship to Patient: _____

If parents are not together, what is the parenting plan/custody agreement in place?

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CHILD REGISTRATION FORM (CONTINUED)

EMERGENCY CONTACT INFORMATION

*In Case of Emergency, contact: _____

Relationship to Patient: _____

Cell: _____ Work/Other Phone: _____

NAME OF PERSON(S) FINANCIALLY RESPONSIBLE

Relationship to Patient: _____

Responsible Party's E-mail: _____

Address (If different than patient): _____

City/State: _____ Zip: _____

MEDICAL HISTORY

Primary Care Physician: _____

Name of Primary Care Practice: _____

Address: _____

Phone Number: _____

Preferred Pharmacy Name: _____

Preferred Pharmacy Phone: _____

Insurance Carrier (optional, to be used for prior authorization for medication if needed):

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CHILD REGISTRATION FORM (CONTINUED)

Past Psychiatric and Medical Diagnoses: _____

Current Medications (Include Dosage and Frequency): _____

Known Allergies: _____

Severe Illness (childhood to present): _____

Previous Outpatient Mental Health Treatment: _____

Previous Inpatient Mental Health Treatment (hospitalizations): _____

Stressors affecting patient or family in the past 1-2 years:

Deaths Births Marriage Divorce Moving Job Change School Chronic Illness

Separation Physical Abuse Sexual Abuse Substance Abuse Medical

Other: _____

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CHILD REGISTRATION FORM (CONTINUED)

REASON FOR VISIT: _____

I agree that I have completed the above form to the best of my ability.

Signature of Person Completing Form: _____