

**George Ankuta, Ph.D.**  
*16233 Sylvester Rd SW Suite G80*  
*Burien, WA 98166-1438*  
*(206) 241-9068 \* Fax (206) 241-2651*

**CHILD/ADOLESCENT INFORMATION FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

School Counselor &/or School Psychologist: \_\_\_\_\_

Medications Currently Taken: \_\_\_\_\_

Previous Therapists/Counselors Seen (Please indicate dates seen): \_\_\_\_\_

Current Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

If parents are divorced and remarried, please name stepparents: \_\_\_\_\_

\_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

In Case of Emergency, Name of Contact Person: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_