

**DANIELA WALDER, PSY.D.**  
**Clinical Psychologist**

Date \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ age \_\_\_\_\_ DOB \_\_\_\_\_  
Who Does your child live with? \_\_\_\_\_  
Address \_\_\_\_\_  
City/zip \_\_\_\_\_  
Home telephone \_\_\_\_\_ Business \_\_\_\_\_ Cel \_\_\_\_\_  
Which of these following numbers may i leave a message  
at \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's Lic \_\_\_\_\_

Place of Business \_\_\_\_\_  
Occupation \_\_\_\_\_  
Marital Status \_\_\_\_\_ Age of Children \_\_\_\_\_  
Name of Spouse? Significant other \_\_\_\_\_ Phone \_\_\_\_\_  
Name of person to contact in case of an emergency  
Relationship \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for visit \_\_\_\_\_  
Describe any of your child's health  
problems \_\_\_\_\_  
Any history of Physical or Psychological problems in the family (please describe)  
\_\_\_\_\_

Has your child been tested for psychological  
issues? \_\_\_\_\_  
Please describe any behavioral problems at school or  
home \_\_\_\_\_  
Medications taken (name and dosage) \_\_\_\_\_  
Medical Doctor \_\_\_\_\_  
Have they been hospitalized for psychological reasons? (please  
describe) \_\_\_\_\_

Referred by \_\_\_\_\_





