

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 _____

