



Phone 269-254-8130 | Fax 866-376-0467
www.santoshawellnesskzoo.com

Child's Information

Name:	
Birthdate (mm/dd/yyyy):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Diagnosis (if applicable):	
How did you hear about us?	
Would you like to receive text/email appointment reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide your preferred number/email:	

Parent/Caregiver Information

Name:	
Relationship to Patient: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Preferred Phone:	
Alternate Phone:	
Preferred Email:	

Emergency Contact Information

Name:
Address:
Phone:
Relationship to Patient:

Please share any specific concerns you would like to share with us regarding your child:

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What goal would you like your child to work on while with us?

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Thank you for taking the time to complete this form!