Bonnie L. Atkinson, Ph.D., L.L.C.

444 N. Cedar Street

Florence, AL 35630

Diagnosis::

_____ _____ _____MI, MO, S

_____ _____ _____MI, MO, S

_____ _____ _____MI, MO, S

_____ _____ _____MI, MO, S

_____ _____ _____MI, MO, S

_____ _____ _____MI, MO, S

Case: _____

Date Of Service:_____

INTAKE INFORMATION FOR CHILDREN/ADOLESCENTS

Please print clearly

PERSONAL INFORMATION:

Patient Name: _____ Age: _____ Date of Birth: ____/____/____

Social Security Number: _____-_____-_____

Address: _____ City: _____

State: _____ Zip: _____

Phone - Cell: (_____)_____ Home: (_____)_____ (___) Work_____

Email Address: _____

School: _____ Grade: _____ Teacher(s): _____

Church Affiliation: _____ Active Member: ☐ Yes ☐ No

Primary Care Physician: _____ Phone: (____)_____

Medications and Dosage_____

Has Patient Received Counseling or Testing Before?: ☐ Yes ☐ No

If Yes, When and By Whom: _____

Referred By _____

Known Allergies _____

Parent/Legal Guardian: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ City: _____

State: _____ Zip: _____

Phone - Cell: (____)_____ Home: (____)_____ Work: (____)_____

Employer: _____ How Long: _____Position: _____

EMERGENCY INFORMATION:

Contact Person:_____ Relationship:_____

Address:_____

City:_____ State:_____ Zip_____

Phone-Cell: ( )_____ Home: ( )_____ Work:( )_____