Dr. Sharon Phillips, LLC
9078 Union Centre Blvd., Suite 350
West Chester, Ohio 45069
(513) 785-0831

CHILD/ADOLESCENT DEMOGRAPHIC FORM (**Rev**. 4/19)

Child's Name _____ Date of Birth: _____
First Middle Last Child's Age: _____

Grade Level: _____ School: _____

Child lives with: _____ Both parents _____ Mother _____ Father _____ Legal guardian

If separated or divorced, is there shared parenting? _____ Yes _____No

For our records, please bring with you a copy of the custody agreement and the parenting plan.

MOTHER'S INFORMATION Mother's Name: _____ Age: _____

Marital Status: _____Single _____Married _____Separated _____Divorced _____Widowed

Mother's Address:_____
(Street)(Apartment) (City) (State) (Zip)

Home Phone: _____ Cell: _____ E-mail: _____
*Is it okay to leave a message at home? _____ yes _____ no
*Is it okay to leave a message on your cell? _____ yes _____ no
*Is it okay to use your email address? _____ yes _____no

Mother's Occupation: _____ Work telephone number _____

Mother's Employer: _____ Address: _____
*Is it okay to leave a message at work? _____ yes _____ no

Please list all individuals living with mother:

Name	**Age**	**Relationship**	**Occupation**

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FATHER'S INFORMATION Father's Name: _____ Age: _____

Marital Status: _____Single _____Married _____Separated _____Divorced _____Widowed

Father's Address:_____
(if different from mother's) (Street)(Apartment) (City) (State) (Zip)

Home Phone: _____ Cell: _____ E-mail: _____
*Is it okay to leave a message at home? _____ yes _____ no
*Is it okay to leave a message on your cell? _____ yes _____ no
*Is it okay to use your email address? _____ yes _____no

Father's Occupation: _____ Work telephone number _____

Father's Employer: _____ Address: _____
*Is it okay to leave a message at work? _____ yes _____ no

Please list all individuals living with father (**if different from mother's home**):

Name	**Age**	**Relationship**	**Occupation**

INSURANCE INFORMATION:

Policy Holder _____ Policy Holder D.O.B. ___/___/___
First Middle Last

I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR COMPLETE PAYMENT OF SERVICES RENDERED AND I ACCEPT THAT RESPONSIBILITY.

Signature: _____ Date: _____