



# Adolescent Data Sheet

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

E-Mail (Adolescent) \_\_\_\_\_ E-Mail (Parent) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Responsible Party Name/Email \_\_\_\_\_

Education (grade) \_\_\_\_\_ School \_\_\_\_\_

Referred By \_\_\_\_\_

Others in your family or living in the home with you:

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Emergency, Notify: (Please name two)

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Relationship to you _____	Relationship to you _____

Family Physician: \_\_\_\_\_

Name	Phone
_____	_____
Address _____	City _____ State _____ Zip _____

Your Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parental Consent \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_