**NEW PATIENT (MINOR) FORM**

**Rosa Di Lorenzo, PsyD**

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TODAY’S DATE:

NAME and SEX of Child:

DOB and AGE of Child:

PARENTS/GUARDIANS Names and Age:

PARENTS/GUARDIANS’ Occupations:

PARENTS/GUARDIANS PHONES:

PARENTS/GUARDIANS EMAILS:

CUSTODY STATUS (if appropriate):  
  
SCHOOL/WORK of Child:

FAMILY ADDRESS:

INSURANCE NAME: INSURANCE ID:

COPAY:

PRIMARY INSURED NAME, Date of Birth, benefit number and SSN:

PRESENTING ISSUE:

WHY CHOSE ME:

AVAILABLE TIMES:

INITIAL MEETING ON:

ANY OTHER POINTS TO ADDRESS?