

CHILD INFORMATION

PLEASE PRINT

Child's Name _____ Date _____
Last First

Mother's Name _____ Child's Birth Date _____
Last First

Father's Name _____ Child's Age _____
Last First

Child's Address _____

Child's School _____ Grade _____

Mother Phone-Home # _____ Work # _____ Cell # _____

Father Phone-Home # _____ Work # _____ Cell # _____

Emergency Contact Person _____ Phone # _____

Sibling's names and ages _____ * _____ * _____ *

Health Issues (Current) _____

Health Issues (Past) _____

Medications Child is currently taking _____

Pediatrician Name _____ Phone # _____

Referred by _____

I understand that I am responsible for the full fee at the time of each appointment and further that I will be charged for missed appointments, unless the appointment is cancelled or rescheduled at least 24 hours in advance.

In case of emergency call 911

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*Specializing in emotional healing and trauma resolution: Using the "Creative Process" as a tool, utilizing Artplay, Imageplay, Sandplay and *EMDR. *(Eye Movement Desensitization and Reprocessing)*
