

Demographic Information Sheet

Today's date: _____

Child #1 Information

Child's name (first /middle/last): _____

Child's date of birth (MM/DD/YYYY): _____ / _____ / _____

If child was born prematurely, # of weeks premature: _____

Child's gender: Male Female

Child's ethnicity: _____ Child's primary language: _____

Child's birth weight (pounds/ounces): _____

Please list any medical conditions that your child has: _____

Child #2 Information N/A

Child's name (first /middle/last): _____

Child's date of birth (MM/DD/YYYY): _____ / _____ / _____

If child was born prematurely, # of weeks premature: _____

Child's gender: Male Female

Child's ethnicity: _____ Child's primary language: _____

Child's birth weight (pounds/ounces): _____

Please list any medical conditions that your child has: _____

Child #3 Information N/A

Child's name (first /middle/last): _____

Child's date of birth (MM/DD/YYYY): _____ / _____ / _____

If child was born prematurely, # of weeks premature: _____

Child's gender: Male Female

Child's ethnicity: _____ Child's primary language: _____

Child's birth weight (pounds/ounces): _____

Please list any medical conditions that your child has: _____

Family Information

Parent/primary caregiver's name (first/middle/last): _____

Relationship to child: _____ Language(s) spoken in the home: _____

Street address: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Home telephone: _____ Work telephone: _____

Cell/other telephone: _____ E-mail address: _____

Physician Information

Child's primary care physician: _____ Clinic/location/practice name: _____

Clinic/practice mailing address: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Telephone: _____ Fax: _____ E-mail address: _____

Program Information *for program use only*

Child ID #: _____ Date of admission to ASQ: _____

Child's adj. age in months and days (if applicable): _____

Program name: Self Help Inc. CFCE Staff Contact: _____