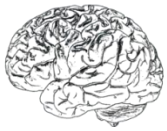

WINCHESTER PSYCHOLOGICAL ASSESSMENT, LLC

OFFICE OF PAUL HILL, PSYD | WWW.PAULHILLPSYD.COM
174 GARBER LANE SUITE 4 WINCHESTER, VIRGINIA 22602 | PHONE: 540-358-0391 | FAX: 540-773-3079

IDENTIFYING AND CONTACT INFORMATION - CHILD/MINOR

Patient Name: _____ Date: _____

Patient Address: _____

Patient DOB: _____ Age: _____ Grade: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
May we call you there? YES NO May we call you there? YES NO May we call you there? YES NO

Patient email address:_____ or ☐ none

Parent/Guardian email address:_____

Current School: _____

Parent/Responsible Party Full Name: _____ Relationship: _____

Parent/Responsible DOB: _____ Parent/Responsible Party SSN:_____

Parent/Responsible Address if Different from Patient: _____

Who Referred The Child Here? _____

Has the Child Ever Received Services at this Office? ☐ YES ☐ NO

Would you like appointment reminder calls?* ☐ YES ☐ NO

Would you like appointment reminder text messages?* ☐ YES ☐ NO

Would you like appointment reminder emails?* ☐ YES ☐ NO

**Note*. All reminders are sent via an automated system.

Would you like your pediatrician to receive a copy of the completed evaluation report? ☐ YES ☐ NO

If yes, please provide pediatrician's name and address: _____

_____

By signing and dating this form, the person completing this form attests that the above information is true and accurate to the best of their knowledge.

Printed Name: _____ Signature: _____ Date: _____