

Sarah K. Ravin, Ph.D.
Licensed Psychologist
1550 Madruga Ave #225
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PARENT QUESTIONNAIRE

Please complete the table below with demographic information and contact information for each parent.

	<u>Mother (or parent #1)</u>	<u>Father (or parent #2)</u>
Name		
Date of birth		
Age		
Marital Status		
Racial/ethnic background		
Religion		
Home address		
Cell phone #		
Email address		
Occupation		
Place of work		

Who referred you to my practice?

Would you like to receive automated reminders prior to your child's appointments?

If yes, would you prefer email reminders, text message reminders, or both?

Please provide the email address or phone number where you would like reminders to be sent.

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Child's Personal Information

Child's name:

Child's date of birth:

Child's age:

Child's gender:

Child's school:

Child's grade in school:

Child's Medical History

If your child has been diagnosed with any medical problems, illnesses, psychiatric / mental health disorders, or disabilities, please list them here:

Please list all medications, vitamins, and supplements your child is currently taking.

Please list the names and specialties of any healthcare professionals your child is currently seeing for any reason (for example, psychiatrist, dietitian, physical therapist, gastroenterologist), including his / her pediatrician.