



CHILD INTAKE AND CONTACT INFORMATION FORM

Please provide a copy of your insurance card to the Front Desk

Date: _____

Child's First Name: _____

Child's Last Name: _____

Child's M.I.: _____

Child's Date of Birth: _____

Child's Age: _____

Child's SEX: Male:____ Female:____

Parent's Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

If parents are divorced what is the current custody status: Shared Parenting:____ Full custody:____

Other Parent's Name: _____

Other Parent's Home Phone: _____

Other Parent's Work Phone: _____

Other Parent's Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

By providing the above information you acknowledge that CCPC-Ohio may contact you through any of these methods.