

Has your child had a Nanny or Au Pair? No Yes Dates of service?
Name Phone
Address Fax/Email

Prior Nanny or Au Pair? No Yes Dates of service?
Name Phone
Address Fax/Email

Child Health Information

Primary Physician Phone
Address Fax/Email
How long has this physician known your child?
Does your child have physical/medical problems? No Yes (describe)

Are there other physicians who you have treated your child for these problems? No Yes
Physician Phone
Address Fax/Email
Physician Phone
Address Fax/Email

Behavioral/Psychology Information

Has your child ever been treated for emotional or behavioral problems? No Yes (describe)

Information about counselor(s) or therapist(s) who have worked with your child (most recent first)

Name/Title Dates of Treatment
Address
Phone Fax/Email
Outcome of treatment (describe reasons the counseling ended and whether problems improved)

Name/Title Dates of Treatment
Address
Phone Fax/Email
Outcome of treatment (describe reasons the counseling ended and whether problems improved)