

Conscious Kids



621 Ricardo Ave. SB, CA 93109
(805) 708-2218

Child's Full Legal Name:	Age & Date of Birth:
Legal Guardian's name	
Mailing Address	Email & Primary Phone
Mother's Name:	Father's Name:
Mailing Address:	Mailing Address:
Email & Cell Phone	Email & Cell Phone
Occupation	Occupation
Work Phone:	Work Phone:
For emergencies, please call:	
Name:	Name:
Phone:	Phone:
Relationship:	Relationship:

Doctor's Name:			
		Phone:	
Address:			
Brothers and Sisters:			
Name	Age:	Name	Age:
Name	Age:	Name	Age:
Other Household Members:			
Name:	Age:	Relationship:	

What would you like us to know about your child? _____

Tell us a little about the pregnancy and birth experience of your child. _____

What are your most frequent issues between parents and child? _____

How do you teach your child desired behavior? _____

Interests and activities: _____

Preferred kinds of activities: _____

Favorite games, toys, or equipment: _____

Child's grade & current or former school _____

Child's significant medical history:

Date of last physical exam _____ Date of last dental exam _____

Does your child take any medications? If so, what medication and why?

Allergies _____

Allergy to bee stings? _____ Has your child had Chicken Pox? _____

Parent Signature _____ Date

Parent Signature _____ Date