



NEW PATIENT INFORMATION

DEAR _____, PLEASE ANSWER THE QUESTIONS LISTED BELOW AND HELP US LEARN SOMETHING ABOUT YOU.

WHAT IS YOUR FULL NAME? _____

WHEN IS YOUR BIRTHDAY? _____

WHAT GRADE ARE YOU IN? _____

WHAT IS YOUR FAVORITE SCHOOL SUBJECT? _____

WHAT ARE YOUR BROTHERS & SISTERS NAMES? _____

DO YOU HAVE ANY PETS? _____ WHAT KIND OF ANIMALS ARE THEY? _____

WHAT ARE THEIR NAMES? _____

DO YOU PLAY A MUSICAL INSTRUMENT? _____ WHAT KIND? _____

WHAT SPORTS DO YOU PLAY? _____

WHICH TEAMS DO YOU PLAY FOR? _____

WHAT IS YOUR FAVORITE COLOR? _____

WHAT IS YOUR FAVORITE MOVIE? _____

WHAT IS YOUR FAVORITE BOOK? _____

PLEASE TELL US A LITTLE ABOUT WHAT YOU LIKE TO DO WHEN YOU ARE NOT IN SCHOOL _____

PLEASE SIGN YOUR NAME HERE: _____