YOUTH INFORMATION FORM LIFESTANCE HEALTH, INC.

	State	Zip		Date of Birth: Gender:	
e:	Text Ol	k? Messa	ge Ok?		
	Parent/l a	egal Guardian C	Contact Phone N	umbers	
Please co	mplete relevant in				guardian
Mother's N	amai		•	OK to leave	message?
Mother's N Home Pho	, ,				
Work Phor	` '				
Cell Phone	()				
Father's Na	(/				
Home Pho		· · · · · · · · · · · · · · · · · · ·		П	
Work Phor	` ,			П	
Cell Phone	` ,			П	
	er's Name:			Ц	
Home Pho	ne: ()				
Work Phor	- (/			П	
Cell Phone	(/			П	
	er's Name:			ш	
Home Pho	ne: ()	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	П	
Work Phor	ne: ()			П	
Cell Phone	(/			П	
	rdian's Name:			_	
Home Pho		· · · · · · · · · · · · · · · · · · ·			
Work Phor					
Cell Phone	` ,				
ance Info	rmation:				
	Emergency Con	tact Information	o (other than the	noonlo notod a	hovo)
Name:			Home Phone: (
	ne: ()		Cell Phone: ()	,	
Relationsh	ip to youth:				
	Dental resource:				
Emergency	/ Medical resource:				
		Primary Care I	Provider Informa	ition	
Current Pro	ovider/Group Name:	-			
Provider A	ddress: hone: ()				
Provider Pl	hone: ()		Fax: ()		
		Schoo	l Information		
Current Sc	hool: ict at school:	 	Primary	Teacher Name:	
Main conta	ict at school:		Phone: ()	
			nt Information		
Referent in	formation: Name:			Agency:	
Phone:				Fax:	