

ADOLESCENT INFORMATION ADDENDUM

IF THE PATIENT IS UNDER 18 YEARS OF AGE PLEASE COMPLETE

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NAME OF PARENTS: (MOTHER) _____

(FATHER) _____

Address and phone number of parents (If different from the patient's):

(MOTHER) _____

(FATHER) _____

Names and ages of siblings: _____

SCHOOL: _____ **GRADE:** _____

Were there any complications during the mother's pregnancy? If so, please explain.

Were developmental milestones achieved within normal limits? If not, please explain.
