

# Kids Inc. KC

A Safe Space for Healing

## Family Information

**Client Name** \_\_\_\_\_ M / F DOB \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Medications \_\_\_\_\_  
Infectious Diseases \_\_\_\_\_ Allergies \_\_\_\_\_ Nicotine use \_\_\_\_\_

**Parent name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Marital Status \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer \_\_\_\_\_ Work phone \_\_\_\_\_  
Medications \_\_\_\_\_

**Parent name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Marital Status \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer \_\_\_\_\_ Work phone \_\_\_\_\_  
Medications \_\_\_\_\_

**Step Parent** \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_  
Medications \_\_\_\_\_

1) **Sibling Name** \_\_\_\_\_ DOB \_\_\_\_\_ M / F AGE \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

2) **Sibling Name** \_\_\_\_\_ DOB \_\_\_\_\_ M / F AGE \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

3) **Sibling Name** \_\_\_\_\_ DOB \_\_\_\_\_ M / F AGE \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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**Emergency Contact:** \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Primary care physician:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_