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Child New Patient Information

Today's date: _____ Home Phone: _____

Patient Name: _____ Birth Date: _____

Parent's or Guardians' Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of School: _____ Grade: _____ Teacher: _____

Are there custody arrangements/ issues? Yes ___ No ___

If yes, please explain: _____

Father: Work Name: _____ Father Work Phone: _____

Father: Work Address: _____

Father: Cell Phone: _____ Mother: Cell Phone: _____

Mother: Work Name: _____ Mother Work Phone: _____

Mother: Work Address: _____

Father is it okay to reach you at the home/work numbers above? Yes ___ No ___ If not, where should we reach you? _____

Mother is it okay to reach you at the home/work numbers above? Yes ___ No ___ If not, where should we reach you? _____

Emergency Contact (name and number): _____

Please leave any other information you would like us to know regarding maintaining your confidentiality: _____

How did you learn about our office: _____