

# Dr. Ivy Margulies

2730 Wilshire Boulevard - Suite 550 - Santa Monica, California 90403

Clinical Psychologist PSY 20821

## MINOR INFORMATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Any siblings? Names and ages: \_\_\_\_\_

\_\_\_\_\_

Name of Minor's Mother and Father \_\_\_\_\_

\_\_\_\_\_

Describe any Health Issues or Birth Complications \_\_\_\_\_

\_\_\_\_\_

Any Medications/Dosages taking currently or in the past? \_\_\_\_\_

Any diagnoses of learning disabilities? \_\_\_\_\_

Has your child been hospitalized previously for any reason?

\_\_\_\_\_

How would you describe your child's personality, likes/dislikes, and interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please let me know if there is anything else I should know \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_