

## Children's Assistance Resources & Education A Program of the Chandler Unified School District Healthy Children, Better Communities

## **INTAKE FORM**

Date Today:	What services are you coming for: Doctor Dentist Immunizations		
Date of Appointment:1	ime: a.m. p.m.	CUSD Employee: ☐ Yes ☐ No	
PATIENT INFORMATION			
Patient's Name: Last Date of Birth: Month / Day / Year	First Does this	Gender: Female Male Male Child have medical insurance? Yes No	
Primary Home Language:	School child atten	nds:	
Grade: Reason for appo	intment:		
Allergies:	Do you smoke (c	over 18 years): Yes No	
Pharmacy Name/Telephone #1:	Pharmac	y Name/Telephone #2:	
PARENT/LEGAL GUARDIAN INFORMATION			
Mother's name:	DOB:	Telephone:	
Father's name:	DOB:	Telephone:	
Address:		City: Zip code:	
With whom does the child reside: Number of people who live in the house:			
Is anyone in your household: Disabled: Yes No Veteran: Yes No Homeless: Yes No			
ADDITIONAL INFORMATION			
Head of Household:  Male Female			
\$ 5,000 - 9,999	) - 19,999	0 - 34,999	
Ethnicity Category (Please check all that apply):  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander  White/Caucasian  Black/African American  Hispanic/Latino			

All information is confidential. We tally number of people in each category for reporting as required by our funders.