



LAKE COUNTRY ASSOCIATES, INC.

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11 Main Street East Menahga, MN 56164 ph: 218-564-9229

Fax: 218-237-2520

Date: _____

Child's Name: _____ Age: _____ Date of Birth: _____ Sex: Male Female

Your name and relationship to child: _____

Who has current legal guardianship of child: _____

Race: White Black/African American Asian Hispanic/Latino
 Native Hawaiian/Pacific Islander Alaskan/Native American Tribe: _____

Cell #: _____ Home #: _____ Work #: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Who referred this child to Lake Country Associates? _____

Does a copy of your assessment need to be forwarded to someone outside of this office? Yes No If yes, please tell us:

Who: _____ Office: _____

Child currently Lives:

at home with family (Names of Parents): _____

at a relative's home (Name and Relationship of custodial adults in this home): _____

in a foster home (Name of foster parents): _____

at a group home or residential facility (Name of Facility): _____

other (please explain): _____

Length of time child has been at current placement? _____

People residing in the same household with child:

Name	Age	Occupation	Relationship to child

Health Current physician: _____ Location: _____

When was your child's last physical examination? _____ Results: _____

Is your child allergic to any drugs? Yes No If yes, please list: _____

School Current School/Childcare: _____ Grade: _____

School Contact: _____

In case of emergency, who may we contact?

Name Relationship to Child Phone Number

*I authorize Lake Country Associates, Inc. to release necessary information to my emergency contact in the event of emergency **Initial:** _____