



Teen Wellness Center
3330 King Street
Alexandria, Virginia 22302
Phone: 703.746.4776 or Text "APPT" to 571.329.2245



Please complete the information for the person being seen at the Teen Wellness Center.

DATE: _____

CLIENT NAME: _____
First Middle Last

DATE OF BIRTH: _____ **SEX:** M _____ F _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ APT. NO

HOME PHONE NUMBER: _____ **CELL NUMBER:** _____

EMAIL: _____

Your Family Doctor (Name, Address, Phone#) _____

If client is under 18 years old, please complete the adult information below:

Parent(s)/Legal Guardian's NAME: _____
First Middle Last

Current Phone Number for Parent (for emergency only): _____

Relationship to the Patient: _____

Best way to contact me: Home Phone _____ Cell Phone _____ Email _____ Text _____

RACE: **HISPANIC/LATINO: YES _____ NO _____**
 If yes, please check one:

___ American Indian or Alaskan Native

___ Central or South American (Spanish)

___ Asian

___ Cuban

___ Black and/or African American

___ Mexican

___ Hawaiian Native or other Pacific Islander

___ Puerto Rican

___ White

___ Other Hispanic Origin

MEDICAL INSURANCE:

LANGUAGE SPOKEN: _____

___ MEDICAID

___ MEDICAID HMO (Anthem HealthKeepers Plus or INTotal Health)

___ MEDICARE

___ FAMIS

___ OTHER MEDICAL INSURANCE

___ NO INSURANCE