Welcome to a neuropsychiatric assessment at PAX.

Please complete the form below and send it to us by email or bring it to your first visit. Kindly fill in all fields, even if you have previously provided the information, to ensure we have the correct details. All information will be sent to the child's registered address.

1. **Child's Information:**

   Child's full name:

   Personal identity number (Personnummer):

   Address:

2. **Custodial Parent(s) Contact Information:** If you are the sole legal guardian, your information is sufficient. Otherwise, signatures from all legal guardians are required in order for the assessment to proceed

Custodial Parent 1

Name:

Personal identity number (Personnummer):

Address:

Mobile phone:

Email:

Signature:

Do you consent to receiving SMS reminders from our system?

Custodial Parent 2

Name:

Personal identity number (Personnummer):

Address:

Mobile phone:

Email:

Signature:

Do you consent to receiving SMS reminders from our system?

To carry out a safe and thorough assessment, we require documentation from previous healthcare providers, both within your region and from private care. Please confirm below that PAX Clinic is permitted to access these medical records as part of the assessment process.

I/We consent to the above: