

Today's Date: _____

SleepWell



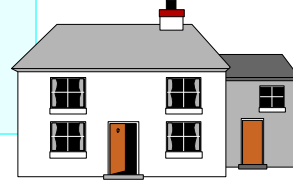
Gila Lindsley, Ph.D.
7 White Pine Lane
Lexington, MA 02421

Name of Child/teenager _____

Child's Date of Birth _____

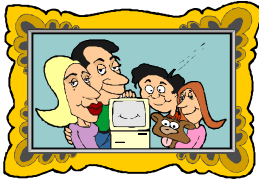
Name of Person completing form _____

Relationship: parent friend other



AT HOME

Household
Members:



	Name	Relationship and Age if a child
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

If there are any special circumstances in the household, please describe:
