

The Parent-to-Parent Network
INTAKE FORM



Date _____

Parent(s)' Name _____



Address _____



Phone Day _____ Evening _____

Email Address _____

Child's Name _____

Age _____ Date of Birth _____

Child's Sex Male Female

Diagnosis _____



Grade in School _____

Sibling(s) Name _____ Age _____

Name _____ Age _____

Name _____ Age _____



Preferred time to call _____

Specific concerns _____



Please return this form to:

Dawn Hafeli
 Manager JA Programs
 Arthritis Foundation, Michigan Chapter
 1050 Wilshire Drive, Suite 302
 Troy, MI 48084-1564
 Fax: (248) 649-2895



For Arthritis Foundation, Michigan Chapter Use

Referred to _____ Date _____

Referred to network parent by _____ Date _____

Initial contact date _____

Successful contact Yes _____ No _____

Problem resolution _____