

**Family Living Arrangement**

**Patient's Name:** \_\_\_\_\_ Today's Date \_\_\_\_\_

**Primary Residence:** (others living in the place where the patient lives most of the time)

<b>Name</b>	<b>Relationship (parent/grandparent foster/sibling/half/step)</b>	<b>Age (minors only)</b>	<b>Occupation (adults only)</b>	<b>History of School or Behaviour Problems (describe briefly)</b>

**Secondary Residence:** (others living in the home other than the primary residence where the patient regularly spends time)

<b>Name</b>	<b>Relationship (parent/grandparent foster/sibling/half/step)</b>	<b>Age (minors only)</b>	<b>Occupation (adults only)</b>	<b>History of School or Behaviour Problems (describe briefly)</b>

**Non-custodial Biological Parent:** Briefly describe situation of biological parent not presently involved in patient's care.

**Time Division:**

Patient stays at Secondary Residence: \_\_\_\_\_  
(describe briefly e.g. alternate weekends plus every Thursday)

**Recent Changes:** Please describe any recent changes to living arrangements \_\_\_\_\_