

Speciallægeklinik for Børn og Unge  
V/ Line Cleemann  
Peter Bangsvej 7A  
2000 Frederiksberg



## Contact Information

Childs name: \_\_\_\_\_

Childs social security number: \_\_\_\_\_

Mothers name: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fathers name: \_\_\_\_\_

Cell phone number.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Joined custody?                      Yes                       No

If no, who has the custody?                      Mother                       Father

Other relevant informations: \_\_\_\_\_

\_\_\_\_\_