

Client contact information

date _____

Child _____ DOB _____ Age _____

Male Female

Social Security Number: _____

Parent(s) or

Caregiver(s) _____

Address _____

Phone (home) _____ (cell) _____

Other phone(s) _____

e-mail _____

text _____

How do you prefer to be contacted? _____

What do you enjoy most about your child?

What issues or problems does your child struggle with, and where?

(For example: Child has difficulty following directions at home and gets into fights at school.)

Referred by: _____

Insurance authorization # (if applicable) _____