

**Please print the completed form and send it to us by mail or fax.**

**CLIENT INFORMATION - CHILD**

Name of Client \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Referred by \_\_\_\_\_

Name of Parent (s) \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email address(es): \_\_\_\_\_

Parent occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parent occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Names and Ages of Siblings (and schools they attend)

\_\_\_\_\_  
\_\_\_\_\_

Statement of concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report should be sent to: \_\_\_\_\_

\_\_\_\_\_

Medical History - Please give dates and names of practitioners who have performed the most recent:

Physical \_\_\_\_\_ Eye Exam \_\_\_\_\_

Psychological Evaluation \_\_\_\_\_

Educational Evaluation \_\_\_\_\_