



# Puzzle Piece Relief LLC

## Important information regarding

---

Parents' Name/Number


Location Of Services

--

Emergency Contact/Number


Client's preferred method of communication;

--

preferred fun Activities


Client's preferred foods

--

Potential difficult behaviors & how to handle them

--

Client's sensory needs / deficits

--

Bedtime / naps routine and time

--

Favorite toys & tv shows


Anything else we need to know? (i.e allergies, meds, blanket)

--