Client Information Form

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| Last Name: | | | Click here to enter text. | | | | First Name: | | | Click here to enter text. | | | | |
| Date of Birth: | | | Click here to enter a date. | | | | Age: | | | Click here to enter text. | | Gender: | | Click here to enter text. |
| Parent/  Guardian 1: | | Click here to enter text. | | | | | Phone#: | | Click here to enter text. | | | | | |
| Email: | | Click here to enter text. | | | | | |
| Parent/  Guardian 2: | | Click here to enter text. | | | | | Phone#: | | Click here to enter text. | | | | | |
| Email: | | Click here to enter text. | | | | | |
| Who to contact for appointments? | | | | | | Click here to enter text. | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| *If there is a shared custody arrangement in place:* | | | | | | | | | | | | | | |
| * *Are both parents in agreement with this referral?* | | | | | | | | Yes  No  Not Applicable | | | | | | |
| * *Do both parents have decision-making responsibility?* | | | | | | | | Yes  No  Not Applicable | | | | | | |
| * *Are details regarding decision-making responsibility outlined in a parenting order?* | | | | | | | | Yes  No  Not Applicable | | | | | | |
| Address: | Click here to enter text. | | | | | | | | | | Postal Code: | | Click here to enter text. | |
| School: | Click here to enter text. | | | | | | | | | | Grade: | | Click here to enter text. | |
| Private Health Insurance Company: | | | | | | Click here to enter text. | | | | | | | | |
| Policy/Identification #: | | | | Click here to enter text. | | | | | | | | | | |
| Other  Professionals  Involved: | | | Click here to enter text. | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Reason for  Referral: | | | *Please note we are only accepting referrals for psychoeducational assessments at this time.*  Click here to enter text. | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Please list any standardized assessments completed | | | *i.e., WIAT-III, CTOPP2 (Please include date of completion)*  Click here to enter text. | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Any previous supports?  If so, what was/was not helpful? | | | Click here to enter text. | | | | | | | | | | | |

Thank you!