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!