



Phone 269-254-8130 | Fax 866-376-0467
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Client Information

Child's Name:	
Birthdate (mm/dd/yyyy):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Diagnosis:	
Physician Name:	
Physician Office:	
Reason for Referral:	
Would you like to receive text/email appointment reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide your preferred number/email:	

Parent/Caregiver #1 Information

Name:	
Relationship to Patient: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Preferred Phone:	
Alternate Phone:	
Preferred Email:	

Parent/Caregiver #2 Information

Name:	
Relationship to Patient: () Mom () Dad () Foster Parent () Other _____	Sex: () Male () Female
Address (if different than above):	
Preferred Phone:	
Alternate Phone:	
Preferred Email:	

Emergency Contact Information

Name:
Phone:
Relationship to Patient:

Additional Contacts for Care Coordination

<i>Care Provider</i>	<i>Contact Information (name, email, phone #)</i>
Psychology	
Teacher	
Case Manager	
Other	

Medical History

Allergies: () Yes () No If yes, please list:
Current Medications (list medication, dosage, and reason):
Has your child ever received services (ie. OT, PT, SLP, Earn On, IEP/504)? () YES () NO If yes, what services and when:

Social Emotional – describe how you child does in the following situations

Play well with others	
Follows directions	
Develops peer relationships	
Controls emotions well (ie. frustration, anger, excitement)	

Educational History

What school does your child attend?	
Grade:	How often does he/she attend: _____ days per week _____ hours per day
What are your child's strengths in school?	
What areas at school are the most difficult for your child?	

Please share any specific concerns you would like to share with us regarding your child:

What goal would you like your child to work on while with us?

Thank you for taking the time to complete this form!