



CLIENT INFORMATION SHEET

IDENTIFYING INFORMATION

Client Name: _____

Client's Nickname: _____ Date of Birth: _____ Gender: _____

Client's Ethnicity: Caucasian African American/Black Hispanic/Latino Asian

Middle Eastern Pacific Islander Native American

Other: _____

Diagnoses: _____

Diagnoses given by: _____ Date: _____

Parent 1 Name: _____ Parent 2 Name: _____

Marital Status: Married Divorced Separated Single

Child Lives with: _____

Client's Legal Guardian: _____ Relationship to Client: _____

Other Pertinent Information Regarding Client's Legal Status (e.g., custody, conservatorship, etc.)

Client's Primary Language: _____ Parent's Primary Language: _____

Primary Residential Address:

City: _____ State: _____ Zip: _____



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2nd Residential Address (if applicable):

City: _____ State: _____ Zip: _____

Mailing Address (if different from Residential Address):

City: _____ State: _____ Zip: _____

TELEPHONE AND E-MAIL ADDRESSES:

Home Phone: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Mother's E-mail Address: _____

Father's E-mail Address: _____

Primary Contact for Scheduling: _____

Emergency Contact Name: _____

Relationship to Client: _____ Phone: _____

MEDICAL INFORMATION:

Client's Primary Care Physician: _____

Physician's Phone: _____

Please list any allergies: _____



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Is there anything else you would like us to know about your child (any other special health concerns)?

REGIONAL CENTER INFORMATION:

Regional Center: _____

Service Coordinator's Name: _____ Phone: _____

SCHOOL INFORMATION:

School District: _____ Phone: _____

Client's School: _____

School Address: _____

Teacher's Name: _____ Phone: _____

Program Specialist/Case Manager: _____

Phone: _____ Email Address: _____

OTHER PROFESSIONALS:

Advocate/Attorney: _____ Phone: _____

Speech Therapist: _____ Phone: _____

Occupational Therapist: _____ Phone: _____



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Additional Information you would like to share:
