

## General Information

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Male

Female

Current Age: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

(if any) \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Diagnosed by: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Referred to HR by: \_\_\_\_\_

### PARENTS AND/OR GUARDIANS

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Best Number      Home      Mobile      Work

Best Number:      Home      Mobile      Work

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are parents: \_\_\_\_\_ married      \_\_\_\_\_ divorced  
\_\_\_\_\_ separated?

If divorced, custodial parent: \_\_\_\_\_

Who completed questionnaire? \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

### SIBLINGS

Sibling Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**SCHOOL, BABYNET, AND DDSN INFORMATION**

School District:	_____	Medicaid Number:	_____
School Name:	_____	Service Coordinator:	_____
Principal/ Director:	_____	Svc Coord. Phone:	_____
Teacher(s):	_____	BabyNet Coordinator:	_____
School Phone:	_____	BabyNet Coord. Phone:	_____
School Address:	_____		
	_____		

Typically, clients who are in school for the full day receive 10-15 hours of therapy per week. Clients who are not in school typically receive 30 hours per week.

Please complete the schedule to indicate times of day that your child **is available** beginning in 4 weeks (i.e. when would you like therapy sessions to take place?).

Mon	Tues	Wed	Thur	Fri	Sat	Sun