

Please fill out this form in as much detail as possible. We appreciate your taking time to provide us with this information which will be helpful for the purpose of assessment.

IDENTIFYING INFORMATION

Name of person completing the form _____
Last *First*

Relationship to the Client _____

Client's Name _____
Last *First* *Middle Initial*

Age _____ Date of Birth / / Place of Birth _____
(mm/dd/yyyy) *City/US State/Country*

Education _____

Occupation _____

Home Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Alternate Phone Number _____

Emergency Contact Person's Name _____ Phone _____

FAMILY INFORMATION

Mother's Name _____

Occupation: _____ Education: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Father's Name _____

Occupation: _____ Education: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

SCHOOL AND EDUCATIONAL INFORMATION

School your child is attending _____

Grade _____

Has your child been tested earlier for this purpose _____ Yes _____ No

If yes, please specify _____

CONSENT FOR ASSESSMENT

I voluntarily agree to and give consent for evaluation / treatment by Behavioral Care Services for myself and/or my family members.

Patient/Parent/Guardian Signature _____

Printed Name: _____

Date: _____