

Date _____

Referred by _____

NEW CLIENT APPLICATION FORM

Student Name _____
(First) (Middle) (Last)

DOB _____ Current Age _____ Ethnicity _____
Mo Day Yr

Yr. in Sch ____ Mid Sch Attended _____ High Sch Attended _____

Height _____ Weight _____ Adopted: yes no

<u>Current Medications</u>	<u>Dosage</u>	<u>Amount of Time Taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother (Guardian)

Father (Guardian)

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Fax _____ Fax _____

Email _____ Email _____

Occupation _____ Occupation _____

Highest Educational Level _____ Highest Educational Level _____

Marital Status: Married Separated Divorced

If divorced, custody arrangements? Legal: ____fa ____mo Custodial: ____fa ____mo

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WASHINGTON 425-467-4503 425-747-7066 fax
CALIFORNIA 650-941-4662 650-494-6443 fax

STUDENT INFORMATION

What are the primary issues your child faces? _____

Does your child have any learning differences or attention issues? yes no

If yes, please list or describe: _____

Does your child exhibit any emotional, psychological or behavioral difficulties? yes no

If yes, please describe: _____

Primary Strengths: _____

Primary Weaknesses: _____

Interests/Hobbies: _____

FAMILY INFORMATION

<u>Siblings</u>	<u>Age</u>	<u>Relationship</u> (eg., bio, step, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious/Spiritual Orientation: _____

Current Household Composition

Primary Household

Second Household

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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