



Client Information Sheet

Child's Name _____

Parent/Guardian _____

Child's Date of Birth _____

School _____ **Grade** _____

Home Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email (Work or Home) _____

Phone number you would prefer us to use? _____

Primary Physician _____

Allergies/Health Concerns _____

How did you hear about us? _____