

# Social Communication Groups For School-Age Children

## New Client Information Form

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Contact Information:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Parent's Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

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

School Name and City: \_\_\_\_\_

### Please answer the following questions:

What are your concerns regarding your child?

---

---

---

---

---

What are your child's likes and dislikes?

---

---

---

Are there any special health conditions/allergies (food, etc.) that affect your child?

---

---

Is your child currently taking any medications? If yes, which medications?

---

---

Has your child received a medical diagnosis? If yes, what is the diagnosis?

---

Has your child received an educational diagnosis? If yes, what is the diagnosis?

---

Is there is another support professional or mental health provider currently working with your child? If yes, then please give their name(s) and indicate how long they have been working together.

Name: \_\_\_\_\_ For: \_\_\_\_\_

Name: \_\_\_\_\_ For: \_\_\_\_\_

Is your child currently on an IEP\* (circle one)?    yes    no

Is your child on a 504\* (circle one)?                      yes    no

*\*Please attach copies of the current IEP or 504.*

How did you hear about SCC?

---

---

---