



# Client Information

Child's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

DOB (Child): \_\_\_\_\_ School Grade: \_\_\_\_\_

Child's Cell: \_\_\_\_\_ Child's E-mail: \_\_\_\_\_

## **Mother's Information:**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check all forms of communication which you prefer: Cell  Text  Home  E-mail

## **Father's Information:**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check all forms of communication which you prefer: Cell  Text  Home  E-mail

**Please describe the presenting problem, and your reason for behavioral consultation:**

**Please briefly describe any previous diagnosis or treatment:**

I understand that Heather Hansen is providing consultation, behavioral, and coaching services, not therapeutic services.

Signature of Legal Guardian: \_\_\_\_\_