

Client Information

1. Full Name: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_ (for USA please include County)

Referral Source

1. How did you hear about us?
  - Referral (Please specify name): \_\_\_\_\_
  - Website
  - Social Media
  - Advertisement
  - Other (Please specify): \_\_\_\_\_

2. Reason for seeking services:

- General Consultation
- Parent Advocacy
- Specific Issue/Concern (Please explain):

\_\_\_\_\_  
\_\_\_\_\_

3. Any other relevant information you would like to provide? \_\_\_\_\_  
\_\_\_\_\_

Consent and Acknowledgment

- I hereby consent to the collection and use of my personal information for the purpose of providing services.

- I understand that this information is confidential and will only be shared as required by law or with my express consent
- I acknowledge that I have provided accurate information to the best of my knowledge.
- By signing below, I further acknowledge that I have received and reviewed copies of the Privacy Policy and Hold Harmless Agreement, and have had any questions regarding the two documents answered by an organization representative satisfactorily.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_