



## CHART Initial Inquiry Form

Date:

Client #:

Referred by:

### **Student Information**

Student's Name:

Date of Birth:

Present Grade Level:

School:

Counselor:

Special Needs: LD       EH       G/T       Other:

Diagnosis:

Medications:

Therapist(s):

Therapist(s) Phone(s):

Medical Doctor:

Medical Doctor's Phone:

### **Student Information**

Student lives with: (full names):

Mailing Address:

Email Address

Home Phone

Work Phone

Cell Phone

Fax

Name of Person Making Inquiry

Relationship to person making inquiry

Go on to page 2.

## **Other Parent**

Name

Mailing Address

Email Address

Home Phone

Work Phone

Cell Phone

Fax

Insurance Company

Responsible Party

## **More Student Information**

Academic Interests

Extra-curricular activities

Grades

Tests & Scores

Character/citizenship

Athletic activities

COMMENTS: