

Whole Kids Therapy

wholekidstherapy.com

2066 Clarmar Way, Suite A, San Jose, CA 95128 | P: (408) 280-7712 | F: (408) 280-7721

Client Data Summary

Page1

Name: _____ Date of Birth: _____

Parent(s)/Guardian: _____

Address: _____

Phone: _____ Home: _____ Cell: _____

Email: _____

What is the most convenient way/time to contact you?

Referred by: _____

Reason for Referral: _____

Parent Concerns: _____

Primary Care Physician: _____

Emergency Contacts: _____

Client Data Summary

Page 2

Medical History (length of gestation, birth complications if any, illness, etc.)

Motor Milestones – at what age did your child:

Sit up independently _____

Roll over _____

Crawl, and for how long _____

Stand independently _____

Walk independently _____

Please list any food allergies your child has:

Is your child on a special diet? If so, please list:
