



2081 Columbiana Road  
205-991-2584  
Vestavia, AL 35216  
205-991-4829

Phone:

Fax:

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## New Client Registration Form

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

Referred by: \_\_\_\_\_

Form filled out by: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

A \$25 deposit is required to reserve a spot on the waiting list.

Received: \_\_\_\_\_

### Identifying Information:

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Current Grade: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_



Relationship to Client: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Best way to reach you \_\_\_\_\_

Text/email appointment reminders? Yes or No \_\_\_\_\_

**Additional Information:**

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**Current Concerns:**

Please provide a brief description of your current concerns: \_\_\_\_\_

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**Preferred Services and Times:**

Please indicate the preferred days and time for therapy:

Service and Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning ABA 8:00-12:00					
Afternoon ABA 1:00-4:00					

Morning Speech 8:00-12:00					
Afternoon Speech 1:00-4:00					
Morning OT 8:00-12:00					
Afternoon OT 1:00-4:00					

\* Speech and OT sessions are 30 minutes in length