

Parent and Family Advocates, LLC
Family Fact Sheet

Client/Child Full Name: _____ **Age:** _____

Home Address: _____ **Current Grade Attending:** _____

City: _____ **State:** _____ **Zip Code:** _____

Referred by : _____ **From:** _____

Father's Name: _____ **Mother's Name:** _____

Address: _____ **Address:** _____
(physical address preferred) (physical address preferred)

City/State/Zip: _____ **City/State/Zip:** _____

Home Phone: _____ **Home Phone:** _____

Home Fax: _____ **Home Fax:** _____

Home E-mail: _____ **Home Email:** _____

Mobile Phone: _____ **Mobile Phone:** _____

Occupation: _____ **Occupation:** _____

Business Phone: _____ **Business Phone:** _____

Business Fax: _____ **Business Fax:** _____

Business E-mail: _____ **Business E-mail:** _____

Other Contact Information: _____

Please indicate primary phone number for each parent:

Father: _____ **Mother:** _____

Therapist (1) Name:

Address (physical address preferred): _____

City: _____ State: _____ Zip Code: _____

Phone number (1): _____ Fax Number: _____

Phone Number (2): _____ E-mail: _____

Last Appointment Date: _____ Length of Treatment: _____

Therapist (2) Name:

Address (physical address preferred): _____

City: _____ State: _____ Zip Code: _____

Phone Number (1): _____ Fax Number: _____

Phone Number (2): _____ E-mail: _____

Last Appointment Date: _____ Length of Treatment: _____

List Any Treatment Programs Attended: (Schools, residential treatment centers, facilities, and/or hospitals where treatment may have taken place including dates of treatment (please use additional paper, if necessary)

Please provide a brief overview of current concerns regarding your child and/or other family members.

“Helping parents and family’s help themselves”