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## **ANNUAL INFORMATION FORM**

### **Personal Information**

Client Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Medical Diagnoses \_\_\_\_\_

Parents/Caregivers \_\_\_\_\_ Relationship \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

### **Emergency Notification (If same as above leave blank)**

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

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

### **Education/Work/ Day Program**

Current School/Program \_\_\_\_\_

Grade/Level \_\_\_\_\_ Type of Class/Work \_\_\_\_\_

Teacher/Supervisor \_\_\_\_\_

Contact Number (     ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

### **Medical**

Current Medications/Precautions/Allergies:

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**Musical**

Favorite Songs/Artists\_\_\_\_\_

Favorite Instruments\_\_\_\_\_

Favorite TV Shows/Movies\_\_\_\_\_

Rewards\_\_\_\_\_

**Supportive Therapies**

Please list all therapies your child is currently receiving services for (ie: OT, PT, Speech, etc.):

Name/Company\_\_\_\_\_

Profession/Service\_\_\_\_\_

Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Frequency per week\_\_\_\_\_

Name/Company\_\_\_\_\_

Profession/Service\_\_\_\_\_

Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Frequency per week\_\_\_\_\_

Name/Company\_\_\_\_\_

Profession/Service\_\_\_\_\_

Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Frequency per week\_\_\_\_\_

Name/Company\_\_\_\_\_

Profession/Service\_\_\_\_\_

Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Frequency per week\_\_\_\_\_