Registration Form

Must be completed prior to the beginning of treatment.

Date _____

Inspire|Behavior

Guardian Information

Guardian Name	Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed	Home Phone Cell Work
Address		City, State, Zip
Guardian Email Address (to receive invoices) **REQUIRED**		
Guardian Name	Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed	Home Phone Cell Work
Address (if different from above)		City, State, Zip
Guardian Email Address		

Emergency Contact

Name	Relationship	Phone number

Client Information

Client Name	Date of Birth/Age	Diagnosis(es)
Current Doctors		
Current Medications & Dosage	Current Therapies	
Allergies	Previous Therapies	
School Name	Grade	Plan type: ☐ IEP ☐ 504 ☐ N/A