



Rehabilitation Center
for Neurological Development

Client Data Sheet

This form must be completed in full. All information is required and will be kept confidential.

Today's Date _____

Last Name _____ First Name _____ Middle _____

Address _____ City _____ County _____

State _____ Zip Code _____ Phone _____ Email _____

Age _____ Date of Birth _____ Sex ___ Male ___ Female Race _____

Diagnosis _____

Emergency Contact _____ Phone _____

Combined Annual Household Income

___ \$0 to \$19,999 ___ \$40,000 to \$49,999 ___ \$70,000 to \$79,999 ___ \$100,000 & more
___ \$20,000 to \$29,999 ___ \$50,000 to \$59,999 ___ \$80,000 to \$89,999
___ \$30,000 to \$39,999 ___ \$60,000 to \$69,999 ___ \$90,000 to \$99,999

If client is a minor complete this section

Father/Legal Guardian _____ Phone _____

Address _____ City _____ State _____

Email _____

Current Employer or Retired From _____

City _____ State _____

Mother/Legal Guardian _____ Phone _____

Address _____ City _____ State _____

Email _____

Current Employer or Retired From _____

City _____ State _____

If client is an adult complete this section, if applicable

Current Employer or Retired From _____

City _____ State _____

Spouse/Domestic Partner _____ Phone _____

Address _____ City _____ State _____

Spouse/Domestic Partner Employer or Retired From _____

City _____ State _____

For Office Use Only

Intake Date _____ Start Date _____ Re-Eval Date _____

Program(s) _____ Rehab _____ EEG Neurofeedback _____ Aquatic _____ Nicholas School _____