



Client Information Form

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Has this child received a medical or educational diagnosis? \_\_\_\_\_

Who Diagnosed your child? \_\_\_\_\_

Parent/Client Address: \_\_\_\_\_

\_\_\_\_\_

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

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

School District of Residence: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

How did you hear about Pathways? \_\_\_\_\_

\_\_\_\_\_

\*Please email your Psych Evaluation from diagnosing professional to [makiah@pathwaysbehavioralhealth.org](mailto:makiah@pathwaysbehavioralhealth.org)

\*Please take a picture of the front and back of your insurance card and email to [makiah@pathwaysbehavioralhealth.org](mailto:makiah@pathwaysbehavioralhealth.org)

Once we receive this completed form, along with the psych eval and insurance cards, we will place your child's name on the waitlist and will contact you when a spot is available.