



Children and Adults with Challenges Workshop & Clinic

August 14-23, 2008



Client Information Form

Please send this form to: Gayle Buchner Box 96 Winlaw, BC V0G 2J0 (250-226-7655),

gayelee@uniserve.com

Please make cheques payable to: Polina Home Society

Client Information Form

Client _____ Parent/s Name _____

Address _____ Client Age: _____ Birthdate: _____

City, Province, Postal Code _____ Phone _____

Email _____ Cell _____

Session date(s) and time(s): _____ Payment Total: _____ Cash ___ Check: ___ Check no. ___

Date of Diagnosis: _____

Diagnosis and symptoms: (please include level of mobility – e.g. can sit independently, walk, run, needs wheelchair etc.)

Brief developmental history:

Techniques/Therapy to date:

Primary concerns/goals:
