

# FamilyLight FACT SHEET

**Child** Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (physical address preferred): \_\_\_\_\_ Current Grade Attending: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Referred By** Name: \_\_\_\_\_  Friend  Clinician  IECA  Other Professional

**Father** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(physical address preferred)

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Other: \_\_\_\_\_

**Mother** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(physical address preferred)

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Other: \_\_\_\_\_

**Please indicate the primary phone number for each parent:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**Therapist (1) Name:** \_\_\_\_\_

Address (physical address preferred): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (1): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Phone Number (2): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last Appointment Date: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_

**Therapist (2) Name:** \_\_\_\_\_

Address (physical address preferred): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (1): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Phone Number (2): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last Appointment Date: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_

**Treatment** Schools, residential treatment centers, facilities, or hospitals where treatment may have taken place, including dates of treatment (please use an additional paper if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide a short biography of your young person from infancy to the present.**  
\_\_\_\_\_  
\_\_\_\_\_