

Clinical Connections



2225-2227 Lakeside Drive  
Bannockburn, IL 60015  
847/234-0688 voice  
847/234-0687 fax

SpeechKids/ OT Kids  
Play Partners  
Jamberry Center  
Classroom Connection  
ABA Connection  
Home School Connection  
North Shore Teen Center  
Transition Connection  
Clinical Consortium

**Client Contact Sheet**

**Date:** \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_  
Work: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_  
Cell: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Email: (M) \_\_\_\_\_ (F) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Related School Service Providers: (Name)	(Title)
_____	_____
_____	_____
_____	_____
_____	_____

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Private Team:  
Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_