

FriendSmarts  
745 Distel Drive, Suite #119  
Los Altos, CA 94022  
(650) 988-8855

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date: \_\_\_\_\_ School/grade: \_\_\_\_\_

Referred by: \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ work: (M) \_\_\_\_\_ (F) \_\_\_\_\_

Cell phone: (M): \_\_\_\_\_ (F): \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Has your child been diagnosed with any psychological disorder or learning differences?

Diagnosis: \_\_\_\_\_ Dx by \_\_\_\_\_

Other services your child is receiving:

<u>Service</u>	<u>Therapist</u>	<u>Phone #</u>

Medications currently being taken: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Briefly describe your reasons for seeking a social skills group at this time: