

Wellington-Alexander CENTER

DYSLEXIA ASSESSMENT & INTERVENTION

9821 East Bell Road • Scottsdale, AZ 85260 • phone: 480-629-4461 • fax: 480-629-5898 • www.wellingtonalexander.com

Patient Information Sheet

Child's name:	
Date of Birth:	Referred by:
Current or Upcoming School Year:	
Does your child wear glasses?	Does your child require an assisted hearing device?
Please list any of your child's allergies or food restrictions:	
Name of person filling out this form:	Relationship to child:
Date form completed:	
Mother's Information	Father's Information
Name:	Name:
Address:	Address: (if different)
Home Phone:	Home Phone: (if different)
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
e-mail:	e-mail
Emergency Contact Information	
Name:	Relationship to Self:
Home Phone:	Cell Phone:

Please use the back of this form for any other information you wish to share.