

REQUEST FOR MORE INFORMATION

Name: _____

Phone: _____

Address: _____

Email: _____

Relationship to child

- Parent
- Guardian
- Grandparent
- Other

Child's Name: _____

Child's Age: _____

Child's Grade: _____

Child's School: _____

Does child have an IEP?: _____

Please provide information on: _____

Please contact me to schedule

- A Consultation and a tour of clinic (free)
- An Evaluation of my child

My preferred method of contact:

- Phone
- Email

**Please Print Out Form and Fax to Brainasium at:
916-780-2112**

THANK YOU!