

# CARROLL EDUCATIONAL GROUP, INC.

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## Client Information Sheet

Please fax to (847) 377-9497 or mail to  
C.E.G., 3236 Prestwick Lane, Northbrook, Illinois 60062

Client Name(s), Birthday & Grade:

Physician(s) Name & Phone Number:

Parent Name(s):

Address & Home Phone:

Psychologist(s)/Psychiatrist(s)/Therapist(s)  
Name & Phone Number:

Parent(s) Phone & E-Mail  
(Name/Cell/Work):

Client(s) School(s) & Phone Number(s):

Phone (Client(s) Cell) & E-Mail:

Teachers Names & Subject (E-Mail or  
Additional Phone if Available

Additional Information (i.e. Academic Performance, School Functioning, Social Issues,  
Medication, Siblings Name(s), Family Relationships):