

# Client Information Sheet

SEMESTER: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Age: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Please list any known food allergies: \_\_\_\_\_

\_\_\_\_\_

Guardian Name (If applicable): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_