



Village Learning & Achievement Center

Intake Form

Completed By:	Date:
Client Name:	
Contact Name:	Guardian: Yes No
Contact Address:	
Contact Phone #:	
Email Address:	
Services Interested In:	

DX:
Previous Services:
Family History:
Likes:
Dislikes:
Goals:
Medication:
Therapies:

Dental:
Medical Appointments:
Insurance/Trust/Funding:
Employment:
Other: