



Janel A. Umfress MS, CCC-SLP, ET/P

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Client Information

NAME

DATE OF BIRTH

AGE

SCHOOL

GRADE

REFERRED BY

PARENT/GUARDIAN

PHONE (HOME)

ADDRESS LINE 1

PHONE (WORK)

ADDRESS LINE 2

PHONE (CELL)

EMAIL

PARENT/GUARDIAN

PHONE (HOME)

ADDRESS LINE 1

PHONE (WORK)

ADDRESS LINE 2

PHONE (CELL)

EMAIL

EMERGENCY CONTACT

PHONE (CELL)

RELATION

PHONE (OTHER)

Concerns:

Interests:

Academic Strengths & Challenges:

Brief Assessment History*:

Medications:

Prior & Current Support:

**Please include a copy of assessments, current progress reports, IEPs, etc.*