®

**PREVIOUS CLIENT**

Please complete this form only if your child is a previous client of The Sensory Gym ® and it has been less than 2 years since you have attended. If it has been more than 2 years since you have attended, you will be required to complete the full set of questionnaires.

Child’s Name:

Date last seen at The Sensory Gym®:

Treating Therapist/s you last saw when at The Sensory Gym®?

Is there anything we should know about your child since we last saw you?