1730 28th Street
West Des Moines, IA 50266
Phone: 515-276-6338
Fax: 515-598-7452
Email: info@steppingstoneia.com

| **Client Information** | |
|---|---|
| Client Name: | |
| Date of Birth: | |
| School, if applicable: | |
| Guardian, if applicable: | |
| Client Address: | |
| Client Phone Number: | |
| Client Email Address: | |
| Insurance: | |
| Medicaid Number, if applicable: | |
| Referring Agency/Individual: | |
| Service(s) referring to: | ☐ Therapy ☐ BHIS ☐ Habilitation/SCL ☐ IHH |

| **Current Concerns**<br>(Reasons for seeking services, mental health needs, past/current diagnoses, include ICD10 codes) |
|---|
| |

| **Current Interventions**<br>(Current services and providers working with client/family) |
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