

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:				
Insurance:				
Medicaid Number, if applicable:				
Referring Agency/Individual:				
Service(s) referring to:	☐ Therapy	☐ BHIS	☐ Habilitation/SCL	□ ІНН
Current Concerns				
(Reasons for seeking services, mental health needs, past/current diagnoses)				
(reasons for seeking services, mental needs, past earlent diagnoses)				
Current Interventions				
(Current services and providers working with client/family)				
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