

Wellington-Alexander CENTER

DYSLEXIA ASSESSMENT & INTERVENTION

9821 East Bell Road • Scottsdale, AZ 85260 • phone: 480-629-4461 • fax: 480-629-5898 • www.wellingtonalexander.com

Patient Information Sheet (Adult)

Name:		
Date of Birth:	Referred by:	
Current Occupation (if applicable):		
Do you wear glasses?	Do you require an assisted hearing device?	
Please list any of your child's allergies or food restrictions:		
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Work Phone:	e-mail:	
Emergency Contact Information		
Name:	Relationship to Self:	
Home Phone:	Cell Phone:	

Please use the space below and/or the back of this form for any other information you wish to share.

Adult