**KSA ATTACHE**

**NEW CLIENT INQUIRY FORM**

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| **Date:** | **Time:** | | **Taken By:** |
| **Method:** ☐ Phone Call ☐ Walk-in ☐ E-mail ☐ Other *(please specify)*: | | | |
| **Parent Name:** | | **Relationship to Child:**  ☐ Father ☐ Mother ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Telephone:** | | **E-mail:** | |
| **Child Name*:*** ☐ Female ☐ Male | | **DOB: Age:** | |
| **Interpreter required:** ☐ YES ☐ NO | | **Does the child attend school/nursery?** ☐ YES ☐ NO | |
| **Primary language(s) spoken at home:** | | **Name of school/nursery: Grade/Year:** | |
| **Currently living in Dubai:** ☐ YES ☐ NO | | **Any current/previous treatment:** ☐ YES ☐ NO | |
| **Any current diagnosis:** ☐ YES ☐ NO | | **Any prior reports:** ☐ YES ☐ NO | |
| **Do they have any pre-approval from KSA Attache?**  **Are they with any other Center OR is this the first time they are seeking funding from KSA Attache?**  **If with other Center, who is it and what is the expiry date of current approval?**  **Do they work for the KSA Embassy, if so what is their position/job role?**  **Other information/concern?** | | | |