

Therapist ID: _____

Today's Date: _____

Client ID: _____

Client Treatment Registration Form

Please complete this form with your client and their family. Then upload and record your responses in REDCap within two weeks of the first clinical contact. Entering the Client Treatment Registration Form on REDCap will register your training case. At the end of the second page of the survey, you will receive a Client ID. This is to be used to identify your case over the course of treatment. NEVER use personally identifying information on any training forms or in REDCap any surveys. Once you receive a Client ID from REDCap, note the Client ID in the upper right hand corner of every future training form.

Date of Referral: _____

Referral Source: _____

Date of First Clinical Contact: _____

Client's Age														
<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Client's Race						
<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Asian/ Asian American	<input type="checkbox"/> Native American/ American Indian	<input type="checkbox"/> Pacific Islander/ Native Hawaiian	<input type="checkbox"/> More than one race/ethnicity	<input type="checkbox"/> Other

Client's Ethnicity	
<input type="checkbox"/> Hispanic or Latinx	<input type="checkbox"/> Not Hispanic or Latinx

Client's Sex				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other

Please Note:

Upon submitting this form to REDCap, your training case will be considered "Pending". For your case to become "Active", you must complete and submit the Pre-treatment Clinical Assessment Packet.