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| **Saskatchewan Behaviour Consulting, Ltd: Initial Intake Form**Please email the completed document to: brianna@saskbc.com |
| **Date:** |  |
| **Parent Name(s):** |  |
| **Child Name:** |  | **Child Birthdate (MM/DD/YY):** |
| **Gender/Sex:** | [ ] **Male** [ ] **Female** | **Child Age:**  |
| **Diagnosis:** | Allergies: | **Other Health Concerns (list):** |
| **Home Address:** |  | **City:** | **Postal Code:** |
| **Phone Numbers:** | **Home:** | **Cell(s):** |
| **Email(s):** |  |
| **Availability for Intervention:** | **Select all the dates and times you are available for therapy:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **9:00am-11:00am** | [ ]  Session 1  | [ ]  Session 1 | [ ]  Session 1 | [ ]  Session 1 | [ ]  Session1 |
| **12:00am-2:00pm** | [ ]  Session 2 | [ ]  Session 2 | [ ]  Session 2 | [ ]  Session 2 | [ ]  Session 2 |
| **2:30pm-4:30pm** | [ ] Session 3 | [ ]  Session 3 | [ ]  Session 3 | [ ]  Session 3 | [ ]  Session 3 |

*This is not your official therapy time, just a general reference of your child’s availability* |
| **Service Providers or Therapies Currently****Involved:** |  |
| **School/Daycare Currently Attend & Schedule:** |  |
| **How did you hear about us?** |  |
| **Child Strengths:** |  |
| **Top Parent Priorities:** |  |
| **Areas of Concern:** |

|  |  |  |
| --- | --- | --- |
| [ ] Behavior Management | [ ] Sleeping  | [ ] Spoken Language |
| [ ] Understanding Language | [ ] Feeding/Eating | [ ] Toileting |
| [ ] Motor Skills | [ ] Play Skills | [ ] Pre-academic Skills |

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| **Additional Information:** | **Best days/times for booking initial meeting/assessment:**  |
| **Anything else we should know:** |
| **Questions you have for us:** |  |