Cinda Chatfield, BA, BICM

Professional & Parent Education Consulting / Behavior Specialist / Advocate

2625 Townsgate Road • Suite 330 • Westlake Village • California 91361
Office (805)267-1206 • Text/Skype (818)371-1804
cinda.behaviorguru@gmail.com

CLIENT INTAKE FORM

Client Name: _____ *DOB:* _____ *Current Age:* _____

Diagnosis: _____ / _____ / _____

Parent(s) Name(s):

_____

Home Address:

_____

Parent 1 Cell Number: _____- _____ - _____ *Parent 2 Cell Number:* _____ - _____ - _____

Parent 1 Email: _____ *Parent 2 Email:* _____

Sibling(s)/Ages(s):

_____

School/Day Care:

_____

School Address:

_____

Phone Number: _____ *Fax:* _____

General Education Teacher: _____ *Special Education Teacher:* _____

Pediatrician (Name/Contact Info):

_____

Therapist(s) (Name/Contact Info):

_____

Current Medications/Supplements/Dose:

1. _____
2. _____
3. _____

Allergies/Sensitivities: (include food/medications/environment)

1. _____
2. _____
3. _____
4. _____
5. _____

Briefly Describe Your Child's Favorite Part of the Day and the Most Challenging Parts of the Day:

_____

_____

_____

_____

_____

_____

Describe Your Child's Temperament in Public (restaurant, market, park, mall, friend's home, etc…):

_____

_____

_____

_____

Tantrums:

Does your child tantrum? Yes / No

How often? 1-3x daily / 3-5x daily / 5-10x daily / 10+x daily

How long does the tantrum last? Circle all that apply:

Up to 30 seconds / 30-60 seconds / 1-3 minutes / 3-5 minutes

5-10 minutes / 10-20 minutes / 20+ minutes

What is the intensity on a scale of 1 to 5 (1-mild to 5 extreme)? 1 / 2 / 3 / 4 / 5

Describe what generally happens during a tantrum (circle all that apply):

Screaming	*Spitting*
Hitting	*Hitting Head on Wall*
Kicking	*Passes Out*
Throwing Objects	*Vomiting*
Hitting Head on Objects	*Scratching*
Throws Self on Floor	*Other (please describe)* _____
Holding Breath	_____
Crying	_____

What are the Typical Triggers for Your Child's Behavior?

- _____
- _____
- _____
- _____
- _____

Describe Your Child's Favorite Activities/Pastimes/Toys/Food (Include TV, Movie, Characters, Parks, Zoo, Stickers, Cars, Trains, etc…):

- _____
- _____
- _____
- _____
- _____

What are your concerns and why are you seeking support?

_____

_____

_____

_____

_____

_____

Additional Notes:

_____

_____

_____

_____

Who Completed Intake Form: _____ *Date Completed:* _____

**Please attach a photo of your child for our files*

**If applicable, please attach a copy of IEP, Therapist Reports, or Pediatrician Notes*