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| **Saskatchewan Behaviour Consulting: 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 | | **11:30am-1:30pm** | Session 2 | Session 2 | Session 2 | Session 2 | Session 2 | | **2:00pm-4:00pm** | Session 3 | Session 3 | Session 3 | Session 3 | Session 3 | | **4:30pm-6:30pm** | Session 4 | Session 4 | Session 4 | Session 4 | Session 4 |   *This is not your official therapy time, just a general reference of your child’s availability* | | |
| **Service Providers or Therapies Currently**  **Involved:** |  | | |
| **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 | | | |
| **Additional Information:** | **Best days/times for booking initial meeting/assessment:** | | |
| **Anything else we should know:** | | |
| **Questions you have for us:** |  | | |