



Client Intake

Requirements to be added/remain on our wait list for ABA services:

1. Complete the Intake Questionnaire.
2. Please include a copy of the following paperwork:
 - Report of Initial Autism Diagnosis
 - Most recent Physical Records
 - Referral from pediatrician to request ABA Services
 - Copy of insurance cards
 - Current IEP or 504 Plan (if school age and in place)

Please return the Intake Questionnaire to Embracing the Creative Child via mail, fax, or in person.

Embracing the Creative Child
55 Deer Park Drive
East Longmeadow, MA 01028
Email: info@embracingthecreativechild.com
Phone: (413)525-1500 Fax: (413) 525-1900



Child & Adolescent Intake Questionnaire

The following questionnaire is to be completed by the child's parent or legal guardian. This form has been designed to provide essential information so we can provide the best services for your child.

Please feel free to add any additional information, which may be helpful in understanding your child.

Child/ Adolescent Information:

Name:	Today's Date:	
Date of Birth:	Age:	Gender:
Home Phone:	Cell Phone(s):	
Home Address:	City:	
State:	Zip:	School Name:
Email Address:	Grade:	

Allergies:

Parent or Legal Guardian Information:

Name(s):

Relationship to child:

Health Care Insurance Information:

Primary Insurance Name:

Secondary Insurance Name:

Primary Insurance ID #:

Secondary Insurance ID #:

Which of the following services would you like your child to receive (check all that apply):

In- Home ABA services	<input type="checkbox"/>
Community Based ABA	<input type="checkbox"/>
Social Skills Groups	<input type="checkbox"/>

Is your child available for services before 2pm?

YES **NO**

Please describe your child's personality, interests and strengths:

Behaviors:	Check for yes:	Comments:
Appetite/ Eating Habits	<input type="checkbox"/>	
Isolated socially from peers	<input type="checkbox"/>	
Making friends	<input type="checkbox"/>	
Keeping friends	<input type="checkbox"/>	
Problems sleeping	<input type="checkbox"/>	
Toilet training	<input type="checkbox"/>	
Bed wetting/soiling	<input type="checkbox"/>	
Self-help skills	<input type="checkbox"/>	
Bathing	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	
School adjustment	<input type="checkbox"/>	
Aggressive behavior	<input type="checkbox"/>	
Gross motor skills	<input type="checkbox"/>	
Fine motor skills	<input type="checkbox"/>	
Temper tantrums	<input type="checkbox"/>	
Language difficulties	<input type="checkbox"/>	
Overactivity	<input type="checkbox"/>	
Easily distracted	<input type="checkbox"/>	
Inattentive	<input type="checkbox"/>	
Self-injury	<input type="checkbox"/>	

Other behaviors of concern:

Please return paperwork to Embracing the Creative Child via mail, fax (413-525-1900), or in person.

Embracing the Creative Child 55 Deer Park Drive East Longmeadow, MA 01028

Please call 413-525-1500 if you have any questions. Thank you.