Behavioral Health at Home, LLC
Applied Behavioral strategies

INTAKE FORM

Please complete the following and e-mail to: behavioralhealthathome@gmail.com

Basic Information

First Name: _____ Last Name: _____

Gender: _____ Birth Date: _____

Insurance Company Name: _____

*It is required for all families to verify their own benefit information prior to starting services

Insurance Member ID: _____

Insurance Group Number:_____

Insurance Policy Holder Name: _____

Insurance Policy Holder Date of Birth: _____

Autism Diagnosis Circle one: Yes / No

Additional Diagnoses:
If applicable, please list diagnosing physician, date of diagnosis, and place of all diagnosis.

_____

_____

Were you referred by a medical professional or school? _____

How does your child communicate what he/she wants? (please check all that apply)

___ Verbal ___ PECS

___ Signing ___ Pointing

___ AAC ___ Grabbing

Approximately how much of your child's speech can be understood by others?

___ Less than 10% ___ 75%

___ 25% ___ 90-100%

___50%

Any challenges with sleep or night time routine? (please explain)

Any challenges with eating or mealtimes? (please explain)

Functional Behavior Assessment Interview (FBAI)

Current Behaviors (FBAI)

How does your child interact with peers? (please explain)

Describe your child's strengths and weaknesses in the area of socialization (with adults, peers, etc.):

Does your child engage in any challenging or interfering behaviors? (please select all that apply)

___ screaming/crying/tantrums
___ self-injury
___ throwing/breaking objects
___ aggression
___ property destruction
___ self-stimulation/stereotyping
___ inattention
___ elopement
___ non- compliance
___ disorbing

Please describe any additional problem behaviors or interfering behaviors of concern:

Antecedent Analysis (FBAI)

Describe under what circumstances challenging behaviors selected in the question above occur? (e.g., specific settings, people present, a certain routine)?

Is the problem behavior likely to occur in structured or unstructured situations?

Does the child seem to understand the expectations for behavior in all environments?

Does the child seek out help from adults when needed?

Consequence Analysis (FBAI)

What typically happens immediately after the problem behavior?

Does the behavior consistently "work" for the child (i.e., by gaining other's attention, getting what he/she wants, getting removed from a non-preferred setting, etc.)?

History of Behavior Program Efforts (FBAI)

Provide a brief history of the problem behaviors and interventions that have been attempted.

What consequences are currently used at home/school for problem behaviors? What is the child's typical response to these consequences?

What rewards are currently provided to the child at home/school? For what? How often?

Reinforcer Survey (FBAI)

Edible reinforcers (e.g., candy, snacks, drinks, etc.):

Activity reinforcers (e.g., iPad or computer time, drawing, coloring, reading, puzzles, etc.):

Tangible reinforcers (e.g. favorite items, toys, music, etc.):

Social reinforcers (e.g., favorite people):

Goals (FBAI)
What immediate goals do you have for your child?

_____

_____

What long term goals do you have for your child?

_____

_____

What are you wanting yourself and your family to gain from ABA services?

_____

_____

- END OF INTAKE FORM -