

Neuroconnections Intake Form
info@neuroconnections.net

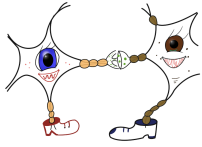
INTAKE INTERVIEW FORM

Patient Information

Last Name:	
First:	
Middle:	
DOB & Age:	
Address:	
City:	
State:	
Zip Code:	
Today's Date:	

Parent/Caregiver #1 Info:

Last Name:	
First:	
Address if Different:	
Relationship:	
Phone #:	
E-mail:	
Primary Language:	



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Parent/Caregiver #2 Info:

Last Name:	
First:	
Address if Different:	
Relationship:	
Phone #:	
E-mail:	
Primary Language:	

Emergency Contact:

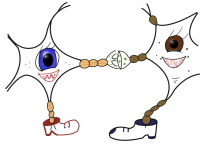
Full Name:	
Relationship:	
Phone #:	
E-mail:	
Primary Language:	

Referral Information:

Who Referred You:	
Reason for Referral:	
Behavioral Concern:	

Primary Insurance Information:

Primary Insurance:	
Member ID:	



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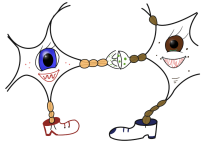
Phone Number:	
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Secondary Insurance Information:

Primary Insurance:	
Member ID:	
Phone Number:	

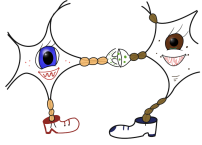
Medical History/Medications:

General Health:	If Fair or Poor, Please explain
PCP or Clinic:	
PCP Phone #:	
Patient's Diagnosis:	
Age at Dx:	
Any Other Medical Conditions:	
Any Current Medical Treatment:	
Significant Illness/Operations/Hospitalizations (add date):	
Current Medications (name, dosage, schedule, side effects):	
Are there any other medical	



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specialists currently treating the client?	
If so: Name: Specialty: Phone: E-mail:	
If so: Name: Specialty: Phone: E-mail:	
Allergies (please describe):	
Does they carry an EpiPen:	
Does the Patient have Seizures:	If yes, explain
Does the patient have suicidal ideation:	If yes, explain
Does the patient use adaptive physical devices?:	If yes, explain
Does the patient have sensory issues?:	If yes, explain



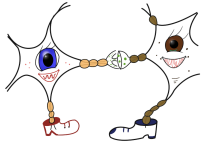
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School Information:

School Name:	
Grade:	
Does the patient have an IEP or 504 Plan?	Yes/No
If not, History of IEP/504 Plan?:	Yes/No
Does the patient have a current BIP/FBA at school:	Yes/No
Current School Base Services:	Speech/Language Therapy: ABA Therapy: yes/no Specialized Academic Instructions: Occupational Therapy: Physical Therapy: Behavior Intervention Plan (BIP or FBA):

Behavioral Information:

How would you describe your child's personality:	
How would you describe your child's social interaction with others?	
Are there any safety concerns at home?:	If so, explain:
Are there any safety concerns while in public places?	If so, explain:



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Does your child engage in aggression?	If yes, please describe the severity:
Does your child engage in property destruction?	If yes, please describe the severity:
Do you have any special concerns/barriers (language, cultural, spiritual or philosophical)?	If so, explain:

Availability For Sessions

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	Start Time	Start Time	Start Time	Start Time	Start Time	Start Time
End Time	End Time	End Time	End Time	End Time	End Time	End Time

Place Of Service:

Extra Notes:

Approved **Denied**