



New Client Intake

Date: _____

Client's Name: _____

Contact Phone Number: _____ Alt Phone Number: _____

Name of Parent/Guardian: _____

Email: _____

Primary Medical Diagnosis: _____

Other Medical Diagnoses: _____

Birthdate: _____ Gender: F ___ M ___

Race: Hispanic ___ Non-Hispanic ___

Ethnicity: Caucasian ___ African American ___ Hispanic ___ American Indian/Alaskan
Native ___ Pacific Islander ___ Asian ___

What is your son or daughter's interests and hobbies?

How has your son or daughter handled the COVID-19 pandemic? Example: regression, anger,
withdrawn

Allergies: _____

Eating Habits: Slow ___ Fast ___ Needs Assistance ___ Picky Eater ___

Can your son or daughter use the restroom alone or is assistance required? **Please specify which.**



Does your son or daughter show aggression towards himself/herself or others? Examples: biting, hitting/kicking, throwing objects.

Does your son or daughter have any behaviors we should be aware of? Example: eating own hair, overeating, harming animals.

How do you redirect your son or daughter when he or she is upset or unfocused?

Is there anything else that may be useful to get to know your son or daughter more?

Does your child use a walker/wheelchair for mobility? **Please specify which.** (If your child uses a wheelchair, does their wheelchair have transportation hooks?)

What school does your child go to? Do they have a one-on-one aide at school?

(If your child has a 1:1, it is possible that we ask that you supply a 1:1 for your child while they are at Amplify Life).

School → _____

Can you supply a 1:1 aide once asked by Amplify Life Staff? (Circle response) Yes No

Does or has your child ever had a seizure? (Circle response) Yes No

If yes, when was their last seizure? _____

Has your child ever been in trouble with the law? Yes No

Is your child/client a BVR Client? (Circle Response) Yes No

Does your child/client have a history of elopement? (Circle Response) Yes No

