

Client Intake Questionnaire

Precision Behavior Solutions LLC

Client Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Phone Number: _____ Email: _____

Home Address: _____

Primary Concerns / Reason for Seeking Services:

Diagnosis / Relevant Medical History:

Current School / Daycare / Grade:

Behavior Concerns (aggression, elopement, tantrums, etc.):

Communication Skills / Preferred Method:

Daily Living Skills (toileting, feeding, dressing):

Current Medications / Allergies:

Previous Therapies / Services:

Insurance Information:

Preferred Schedule / Availability:

Emergency Contact Name & Number:

Additional Notes:
