Positive Approaches, Inc.

Welcome to the Positive Approaches: Life Lessons and Social Success (PALLSS) Clinic

Thank you for your interest in Positive Approaches and our PALLSS Clinic. Information provided in this application is considered health information. By completing the application, you specifically request and authorize us to include this information in related emails that we send you. For more information about our commitment to protect your privacy you may contact our HIPAA Compliance Officer: ann.sawicki@positiveapproaches.us.

Basic Information:

Client First Name: Last Name:
Preferred Name or Nickname:

Parent/Guardian #1 Name: Phone:
Parent/Guardian #2 Name: Phone:

Street Address:
City: State: Zip Code:

Name of person Completing this form (if other than applicant):
Relationship to applicant:
☐ I attest the information below is accurate and represents a true history and current functioning of the applicant. Applicant or Representative Initials:

Do you plan to use Health Insurance Benefits? ☐ Yes ☐ No
If yes, please provide the following:
Primary Insurance:
Secondary Insurance:

Language Need:
Primary language of the caregiver(s):
Primary language of the applicant:
Language preference for the delivery of services to the applicant:
Caregivers' preferred language for communicating about treatment:

Currently lives with:

Name	Age (if under 21)	Relationship

Are there any legal or custody schedules: ☐ Yes ☐ No
If yes, please provide additional detail.

Applicant's date of Birth:
Assigned Sex at Birth? (What sex was assigned at birth on the original birth certificate?)
☐ Female ☐ Male ☐ Prefer not to say

Current Gender Identity: (How do you describe your child?)
☐ Male ☐ Female ☐ Transgender
☐ Does not identify as male, female or transgender

Relevant Medical and Mental Health Information:

Diagnosis	Diagnosed By	Date Diagnosed

Are there any medical and psychiatric evaluations that include the possibility of relevant co-morbid conditions? ☐ Yes ☐ No If yes, please explain.

Are there any persistent or chronic medical or physical problems? ☐ Yes ☐ No If yes, please explain.

The applicant is (check one):
☐ Prescribed and is taking medications
☐ Not prescribed, but is taking medications, substances, or supplements
☐ Prescribed medications, but is not taking.
☐ Not currently is taking any medications.

Current medications, substances, and supplements:

Name	Dosage (mg)	Time(s) of day administered	Main purpose

Please describe any dietary restrictions, limitations, or feeding challenges:

Does the applicant have any allergies? ☐ Yes ☐ No If yes, please explain.

Please check all prior and current services provided:		
1:1 Applied Behavior Analysis (ABA)	☐ Yes	☐ No
Group Applied Behavior Analysis (ABA)	☐ Yes	☐ No
Social Skills Training	☐ Yes	☐ No
Occupational Therapy	☐ Yes	☐ No
Speech and Language Therapy	☐ Yes	☐ No
In-patient mental health	☐ Yes	☐ No
Out-patient mental health	☐ Yes	☐ No
Residential Treatment	☐ Yes	☐ No
Other (please specify):	☐ Yes	☐ No

If over age 13, please answer the following:		
Any concerns or reports of depression or suicidal ideation?	☐ Yes	☐ No
During the past **month**, has the client often been bothered by feeling down, depressed, or hopeless?	☐ Yes	☐ No
During the past **month**, has the client been bothered by little interest or pleasure in doing things?	☐ Yes	☐ No

Education:

Is the applicant enrolled in school with an Individual Education Plan (IEP)?

☐ Yes ☐ No ☐ Prefer not to say

Does this include Extended School Year Services (ESY)? ☐ Yes ☐ No

School Placement (check all that apply)

- ☐ County Special Day Class
- ☐ District Special Day Class
- ☐ General Education Class
- ☐ Resource or other Specialized Instruction (i.e., 1:1 Aide, RSP, Homeschool)
- ☐ Other:

How long in this placement?

Behavior and Motivation:

What are some of the applicant's strengths (e.g., imitates others, enjoys games, gross motor/balance)?

What are some of the applicant's undesirable behaviors?

- ☐ Aggression
- ☐ Property Disruption or Destruction
- ☐ Self-Injury
- ☐ Elopement (runs away or leaves area)
- ☐ Self-Stimulatory / Stereotypy
- ☐ Screaming / Yelling
- ☐ Other Disruptive / Annoying
- ☐ Other:

Please describe the problem behaviors checked above (i.e., What does it look like? How often does it occur?)

Describe items or situations the applicant really enjoys. Please include sensory preferences- (e.g., sounds, touch, smells, textures, movements)?

Describe items or situations that the applicant does NOT like, or things to avoid when interacting with the applicant (including sensory aversions, e.g., loud voice, fast pace)?

Communication

Which best describes the applicant's primary **form** of communication? Please **check one**.

- ☐ By speaking
- ☐ Sounds or word approximations that some people understand
- ☐ Gestures and/or lead people by the hand
- ☐ Select or exchange icons or pictures
- ☐ Other:

Please select one of the following that best describes the applicant's language skills.

- ☐ 0-25 word vocabulary
- ☐ 26 – 100 words
- ☐ more than 100 word vocabulary

Applicant expresses basic wants and needs by using (check the one that best applies):

- ☐ 1-2 word phrases
- ☐ 3-4 word phrases
- ☐ Simple sentences
- ☐ Complex sentences

☐ Asking questions

These include:

- ☐ Repeats recently heard (immediate echolalia)
- ☐ Repeats past heard (delayed echolalia)
- ☐ Simple reciprocal interactions
- ☐ Makes simple comments
- ☐ Conversational discussions. Preferred topics:

Self-Help

Does the applicant complete any of these tasks **independently**? Please check all that apply.

- ☐ Use the toilet
- ☐ Brush teeth
- ☐ Wash hands
- ☐ Dry hands
- ☐ Put on deodorant (if applicable)
- ☐ Brush hair
- ☐ Shower or bathe
- ☐ Household chores. Please specify:

Social Engagement

Please select the phrase that best describes the applicant's typical engagement:

☐ Seeks out social activities
☐ Avoids social activities

Applicant's extracurricular activities (sports, clubs, hobbies, lessons, etc.):

Describe other opportunities for peer interactions, other than with siblings?

Potential Goals of Treatment

Please list the **five** things you desire the applicant to do more and less of in order of priority to you. Please be specific by naming the desired behaviors such as "completes household chores" or "packs own backpack", instead of saying, "be more responsible."

	Want to see more of…	Want to see less of...
1.		
2.		

3.

4.

5.

Additional Notes / Anything else you would like us to know:

Thank you for your application!

Please note: Group placement is dynamic, depending upon the applicant's skills and the skills of the other clients. At PALLSS, we understand that problem behaviors almost always stem from communication challenges or confusion. These are approached with positive behavior strategies, including replacement and increased support. However, in some cases the problem behaviors may interfere at too great a degree for success in these groups. Should this occur, the applicant may be asked to explore other options including moving to a different/smaller group or participating in one-to-one services in order to address missing or weak skills that lead to the challenging behavior. Please remain flexible and open to all options and we will do our best to accommodate all the clients we serve.

Please expect to hear from us within two business days.

Respectfully,

The PALLSS Team

Please email this completed form to: pallss@positiveapproaches.us

Or you may call (408) 826-4828 or email pallss@positiveapproaches.us to request alternative methods.