



PO Box 24013
 Northhills Centre Station
 Kamloops BC V2B 8R3
 (250) 376-0375
 info@nhass.ca
 www.nhass.ca

CLIENT INTAKE FORM

Date:	
Parent/Legal Guardian Name(s):	
Physical Address(es):	
Mailing Address(es) (if different):	
Phone Number(s):	
Email Address(es):	
Child's Legal Name:	
Child's Preferred Name (if different):	
Birthdate:	
Diagnosis(es):	



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Medication(s):	



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How does your child initiate and respond to interactions with peers, family, and/or if your child avoids social interactions?

Describe your child's experiences at school (including if he/she enjoys or resist school, requires full-time support, if he/she is on an adapted program, or any other positive or negative issues around school):



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Does your child have friends (at school, in the community and/or family) that they enjoy playing with? (Please give examples of typical play):

Does your child have sensory issues (such as lights, smells, taste, noise and/or touch?):



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What are your short-term goals for your child?
How does your child communicate? (e.g., full sentences, partial sentences, non-verbal (pointing/crying/pictures etc.)):



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How often would you like a Behavioural Interventionist to work with your child? (in your home, at the center or a combination of both?)

Is there anything else you would like our society to know about your child? Any extracurricular activities?



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What is your preferred day(s) of the week and time(s) of day(s) would you like your child to receive services?

Intake completed by NHASS Representative(s):

Sign

Print Name

Dated _____

Parent(s)/Legal Guardian(s):

Sign

Print Name

Dated _____

Sign

Print Name

Dated _____

Sign

Print Name

Dated _____