Supported Start
Infant Development

Client Intake Form

To save information, form must be downloaded prior to filling out.
When complete, please email to katie@supportedstartinfantdevelopment.com.

Infant's Name: **Infant's Date of Birth:**

Parent Name(s):

Best Email: **Best Phone Number:**

How did you hear about Supported Start?

Baby's birth history:

Age in weeks at birth: **Weight at birth:**

Any complications/diagnoses at birth? If yes, please explain:

Baby's health history:

Any diagnoses/hospitalizations/illnesses/surgeries? If yes, please explain:

Any concerns regarding your baby's development? If yes, please explain:

Has your baby been referred to any therapy (physical, occupational, speech) or has anyone recommended therapy? If yes, please explain:

My baby is currnently able to:

Roll back to tummy:	**yes** ☐	**no** ☐	**Get into hands & knees:**	**yes** ☐	**no** ☐
Roll tummy to back:	**yes** ☐	**no** ☐	**Crawl on hands & knees:**	**yes** ☐	**no** ☐
Sit w/o support:	**yes** ☐	**no** ☐	**Pull to stand:**	**yes** ☐	**no** ☐

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My goals with developmental coaching are:

Is there anything else you'd like to share?

Please initial the following statements:

☐ **I understand that Supported Start's Developmental Coaching is not medical advice or any type of therapy (physical, occupational, speech, etc) and that activities suggested by Supported Start / Kathryn Briggs are not intended to take the place of any type of therapeutic activity recommended by a doctor, therapist, or other health care provider.**

☐ **I understand that I will perform any activities suggested by Supported Start / Kathryn Briggs voluntarily and at my own risk, and release Supported Start / Kathryn Briggs from any liability related to such activities in any way.**

☐ **If I have any concerns regarding my child's health or development, I agree that it is my responsibility to talk to my child's primary care provider about such concerns.**

☐ **I agree that Supported Start / Kathryn Briggs can discontinue services should concerns regarding my child's health or development arise, and any pre-paid fees will be refunded at a prorated rate.**

☐ **Payments: I agree that payments are due at the time appointments are scheduled and are non-refundable, but can be used for rescheduled/future appointments. I agree that (except in the case of an emergency) should I need to reschedule an appointment, in order to receive credit to use for a future appointment, I must contact Supported Start / Kathryn Briggs with more than 24 hours notice. I understand that for no-shows and cancellations made less than 24 hours before scheduled appointments, charges cannot be applied to future sessions.**

I have read, understand, and agree to the above statements:

Printed Name:

Signature (may be typed): _____ **Date:**

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.