

# True Colors

## Autism Treatment Center

Please complete this form and email to [operations@truecolorsatc.com](mailto:operations@truecolorsatc.com)

Patient Information				
Patient First and Last Name				
Date of Birth				
Language Spoken at Home				
Autism Diagnosis	Yes			No
Secondary Diagnoses				
Primary Insurance				
Secondary Insurance				
School (If Applicable)				
Hours per week in school				
Other Services Received				
Speech Therapy	Yes			No
Occupational Therapy	Yes			No
Other (Specify)				
Communication				
Does the patient speak?	Not yet	Says Words	Says Sentences	Conversation
Additional Tools Used	Picture Exchange	Sign Language	Device	

Caregiver Information			
First and Last Name			
Street Address			
City:	State:	Zip Code:	
Primary Language			
Secondary Language (If Any)			
Preferred Phone Number			
Alternative Phone Number			
Email			
Contact Preference	Voice	Text	Email

Depending on the case, ABA treatment can take 20-30 hours per week.		
Would you be willing to reduce the hours attended in school?	Yes	No

Please notice that we would typically coordinate with the schools to include skills learned there.

The following information will be used to guide an initial assessment and the creation and implementation of a treatment plan tailored specifically to the patient. Patients will never be denied treatment due to the intensity of their behavior.

<b>Behavioral Information</b>				
For each behavior, please circle the rate at which it occurs, if at all.				
<b>Hitting/Biting Self</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Using Items/ Surfaces to Harm Self</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Hitting/Scratching/Biting Others</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Hitting/Breaking Items/Surfaces</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Throwing Items</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Dropping to the Floor</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Refusing to Follow Instructions</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Whining</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Leaving Room</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Leaving Guardian's side in public</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Repetitive movements</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Repetitive Sounds</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Repeating what others say</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Other:</b>	Never	Sometimes	Often	Constantly
Notes:				
<b>Other:</b>	Never	Sometimes	Often	Constantly
Notes:				