

The Heart In Art Intake Form

The Heart in Art serves individuals of all abilities. Some questions on this form may not be applicable to your participant. Please skip those questions that are not applicable.

* Last Name: _____

* First Name: _____

Middle Name/Initial: _____ Not Provided

Suffix: (ex. Junior): _____ Date of Birth: ____ / ____ / ____ *Age: _____
month day year

* Sex: Male Female Other/Prefer Not to Disclose

Gender Identity:

- Gender Fluid
- Gender Nonconforming
- Gender Queer
- Nonbinary
- Prefer Not to Disclose
- Transgender

Pronouns: He/Him She/Her They/Them A Pronoun Not Listed _____

* Does the participant go to the bathroom without assistance? Yes No

* Will participant have a caretaker present for assistance? Yes No

* Bathroom assistance? Need assistance all the time Assistance only if needed Zero bathroom assistance

* Any known allergies?

***Other medical conditions or diagnosis?**

***Fears and dislikes?**

***Can the participant follow simple directions?** Yes No

***What instructions can the participant follow?**

Verbal Gestural Written Picture (Visual Aid) Other: _____

*** Does the participant have any dietary restrictions or special diet?** Yes No

*** If yes, please provide us with a detailed explanation**

***Is the participant aggressive?** Yes No

***Is there a behavioral plan or instructions to follow? Please include triggers and signs to look for that indicates a behavior may start.**

Parent or Guardian Information

* **Address 1:** _____
Address 2: _____
* **Zip Code:** _____ **City:** _____
County: _____
State: _____

* **Telephone:** (____) _____ (____) _____ (____) _____
At least one Home Mobile Work

* **Email:** _____

Contact Preference: Any phone any time Home phone only Mobile phone only
 Text message (mobile) Email

Emergency Contact:
#1 (____) _____ (____) _____ (____) _____
Home Mobile Work
#2 (____) _____ (____) _____ (____) _____
Home Mobile Work