



THE BEHAVIOR HIVE

Client Interest Form

Client Information:

Client Name: _____

Address: _____

Social Security No.: _____

Gender: M F Date of Birth: _____

Parent/Guardian Information:

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Primary Contact Person: _____

Preferred Contact Method:

Phone Call Text Email

Preferred Contact Time:

Morning (8 AM - 12 PM) Afternoon (12 PM - 4 PM) Evening (4 PM - 8 PM)

Diagnosis Information:

Primary Diagnosis 1: _____

Primary Diagnosis 2: _____

Primary Diagnosis 3: _____



General Information Questions:

Why are you seeking ABA Services/ Parent Training Services?

What are your top 3 goals for yourself/ your child?

1. _____
2. _____
3. _____

Current Concerns (check all that apply):

<input type="checkbox"/> Communication	<input type="checkbox"/> Eloping	<input type="checkbox"/> ADHD
<input type="checkbox"/> Social Skills	<input type="checkbox"/> Self Injurious Behavior	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Independent Living Skills	<input type="checkbox"/> Tantrum	<input type="checkbox"/> Feeding
<input type="checkbox"/> Aggression	<input type="checkbox"/> Mouthing/PICA	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Compliance/Motivation	<input type="checkbox"/> Self Stimulatory	<input type="checkbox"/> Other _____



Problem Behavior Information:

Behavior (Please describe)	Frequency (hourly, daily, weekly, less often, more often, etc.)	Duration (how long does the behavior occur)	Severity <u>Mild</u> – Disruptive but little risk <u>Moderate</u> - property damage or minor injury <u>Severe</u> - Significant threat to health or safety

How did you hear about The Behavior Hive?

<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram	<input type="checkbox"/> Internet Search
<input type="checkbox"/> Marketing Event	<input type="checkbox"/> Insurance	<input type="checkbox"/> Community Resource
<input type="checkbox"/> Referral	<input type="checkbox"/> Other _____	

Are you interested in joining our monthly newsletter?

The newsletter includes a monthly topic focused on Autism (e.g., ABA principle, sibling support, updated research), monthly community events, community resources, and more!

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