

## Adult Intake Form

North Vancouver BC - 604-351-7842 - [info@ablockabove.com](mailto:info@ablockabove.com)

### Personal

Adult Client's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Full Address: \_\_\_\_\_

Parent's Name #1: \_\_\_\_\_

Parent's Name #2: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Do you live alone or with assisted living, please describe living arrangements and provide address / phone number if different from parent's contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Primary Language spoken at home: \_\_\_\_\_

### Medical

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_

Diagnosis Received by (professional's name and agency): \_\_\_\_\_

\_\_\_\_\_  
Other Upcoming Assessments / Appointments: \_\_\_\_\_

**Adult Intake Form**

---

North Vancouver BC - 604-351-7842 - info@ablockabove.com

**Medical Cont.**

Confirmed Allergies: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Other Biological Interventions: \_\_\_\_\_

**Current Medication / Supplements:** \_\_\_\_\_

\_\_\_\_\_

**Other / Concurrent Medical Conditions:**

\_\_\_\_\_

**Learning History**

Have you received intervention prior to our services? \_\_\_\_\_

List other professionals you have received treatment from:

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Location: \_\_\_\_\_

What assessment(s) have been implemented?

\_\_\_\_\_

\_\_\_\_\_

## Adult Intake Form

North Vancouver BC - 604-351-7842 - info@ablockabove.com

### Documentation

Do you have documentation you can share with our team, please circle all that apply:

- Diagnostic Report
- Letter from Doctor
- Genetic Information
- Speech and Language Pathologist Assessments / Notes
- Occupational Therapist Assessments / Notes
- Social Worker Reports
- School Transcripts / Report Cards
- Other: \_\_\_\_\_
- Behaviour Analyst Assessments / Plans / Progress Reports
- School / Daycare / Pre-School Documentation such as: Individual Education Plan; Safety Plan
- Assessment Summaries such as: VB-MAPPS; ABLLS-R; AFFLS; TOPS-E; SLDT-3; other: \_\_\_\_\_
- Original Child Development /IDP Forms
- Work or volunteer letters / reports

## Adult Intake Form

---

North Vancouver BC - 604-351-7842 - info@ablockabove.com

### Educational Background

A ) Name of School past or currently attending: \_\_\_\_\_

Describe any extra assistance you receive in the classroom: \_\_\_\_\_

\_\_\_\_\_

Social functioning with peers:

\_\_\_\_\_

\_\_\_\_\_

B) Name of school(s) attended in past:

\_\_\_\_\_

Finished Grade: \_\_\_\_\_

\_\_\_\_\_

Finished Grade: \_\_\_\_\_

C) Are you receiving disability assistance at school ? Y / N

D) What are your educational and employment goals:

\_\_\_\_\_

### Employment Background

A ) Are you currently meaningfully employed? What is the position you hold?

\_\_\_\_\_

B) How many hours do you work per week?: \_\_\_\_\_

C) What are your strengths in your at

work? \_\_\_\_\_

\_\_\_\_\_

D) What are your challenges or goals you hope to achieve at work? \_\_\_\_\_

**Adult Intake Form**

---

North Vancouver BC - 604-351-7842 - info@ablockabove.com

---

---

E) Any interpersonal/emotional challenges in the workplace?

---

---

**History with Applied Behavior Analysis Intervention**

**Past Home Based Intervention Program(s)**

Current Consultant(s): \_\_\_\_\_

Previous Consultant(s): \_\_\_\_\_

Previous Consultant(s) cont.: \_\_\_\_\_

Dates services provided: \_\_\_\_\_

Reason for termination of services: \_\_\_\_\_

Type of home-based ABA program instruction: \_\_\_\_\_

Your / family member's experience with past treatment plan(s): \_\_\_\_\_

---

## Adult Intake Form

---

North Vancouver BC - 604-351-7842 - [info@ablockabove.com](mailto:info@ablockabove.com)

### General Information About Yourself

Your preferred leisure activities (what do you like to do in your down time?):

---

---

Current interests, hobbies or conversation topics (any favourite toys, tv shows / movies, characters, subject matter etc):

---

---

---

Tell us what your strengths are:

---

---

### Family / Individual's Goals

Please indicate the biggest goals and reason for seeking ABA Intervention:

---

---

---

---

---

---

---



## Adult Intake Form

North Vancouver BC V6C 0G5 5787242 info@ablockabove.com

### Communication

How do you communicate their needs with others:

*(does he / she use words and sentences, picture exchange system / augmentative communication device / gestures / approach person / reach or take items?)*

---

---

---

Is the person able to independently tell you about events in their day?

---

Does the person initiate conversations with others? Describe

---

---

### Emotional and Psychological Struggles

Have you had difficulty with any of the following: anxiety / depression / suicidal thoughts? Do you currently / have in the past seen a counsellor or psychologist?

---

---

How do you manage big feelings as they come up in the day, what coping strategies are effective? *(please list socially acceptable and less socially acceptable coping strategies)*

---

---

**Social Skills**

Do you have a group of friends or one close friend?

---

---

Tell us about your strengths and challenges with understanding social behaviour:

---

---

---

Do you maintain conversations with your peers? Do you stay on topic?

---

---

Have you struggled with being bullied, have you been a bully or both?

---

---



## Adult Intake Form

---

North Vancouver BC - 604-351-7842 - [info@ablockabove.com](mailto:info@ablockabove.com)

### Executive Functioning and Life Skills

Circle areas in which you struggle:

- Getting ready in the morning
- Gathering needed items for an activity
- Getting out the door on time for activities
- Selecting outfits
- Making meals
- Self Grooming
- Toileting
- Dressing
- Bedtime routine
- Meal planning
- Grocery shopping
- Cooking
- Work completion
- Arriving to work on time
- Other: \_\_\_\_\_
- \_\_\_\_\_

## Adult Intake Form

---

North Vancouver BC - 604-351-7842 - info@ablockabove.com

### General Behaviour Challenges

Tell us about the biggest behavioural challenges :

---

---

---

---

### Eating

Do you have significant eating issues?

\_\_\_\_\_ Y / N \_\_\_\_\_

Describe what you normally eat, under which conditions:

---

---

---

Describe what the person will not eat, and any challenging behaviours when introduced to new foods:

---

---

---

**Please provide copies of any relevant supporting documents, such as the diagnostic report, specialist assessments or notes. Providing as much information as possible will assist our team with understanding your child’s learning profile, and assist us with the initial intake meeting. We ensure complete confidentiality with the information you decide to share with our team for this intake process.**