Practice Without Pressure, Inc. Intake Form

TODAY'S DATE:

1) Individual's Name:		**2) Birth date:**
3) PHONE #:	**Street:**	
	City: **State:** **Zip:**	
4) Contact information: name, phone number, and email	Service Provider: Email Address Phone DDDS Case Manager: Email Address Phone House Manager: Email Address Phone Nurse: Email Address Phone Family Contact Email Address Phone Legal Guardian Email Address Phone	
5) Race/Ethnicity	☐ White ☐ Black ☐ Asian ☐ Native American ☐ Hispanic ☐ Other	
6) Primary Diagnosis		
7) Procedure(s) to practice	☐ Hair cut ☐ Nail Care ☐ Blood Draw ☐ Dental appointment ☐ Other ☐ Women's Health	
8) How does the individual communicate?	☐ Single words ☐ sentences ☐ facial expressions ☐ Gestures ☐ sign language ☐ body movements ☐ Voice output device ☐ picture exchange ☐ crying ☐ Hitting/biting ☐ eye movement ☐ other ☐ Laughing ☐ non-verbal	
9) What does the individual do when they are afraid?	☐ Cry ☐ Attempt to escape ☐ Hyperventilate ☐ Laugh ☐ Fall asleep ☐ Yell ☐ Hit or bite self ☐ Hit or bite others ☐ Self-stimulate ☐ Withdraw ☐ Other: (describe)	
11) What is your goal for the individual regarding the procedure that we will be working on?		