Benhaven Children's Behavioral Services
Profile Information

PERSONAL INFORMATION **DATE: _____**

Child's Name | Date of Birth | M F Sex

Parent's/Guardian's Name | Parent's/Guardian's Name

Cell Phone | Other (work/home)Phone | Cell Phone | Other (work/home)Phone

Address | Address

City, ST ZIP Code | City, ST ZIP Code

Email: | Email

Alternative Emergency Contacts

Primary Emergency Contact | Address

Cell Phone | Work Phone

Insurance Co | Policy #

Name on Insurance Card and Insured DOB

Health Information

Hospital/Clinic Preference

Physician's Name | Phone Number

Diagnosis/Diagnoses

Medical Conditions

Medications (Name, Dosage, Instructions)

Height | Weight | Date of Last Tetanus Shot / /

Allergies? Seizure Disorder?

Special Diet? Medical restriction on activity? Adaptive Equipment?

Behavior and Socialization

Verbal Skills:

Typical Means of Interacting with Others:

Requires Supervision for:

Preferences:

Fears/Dislikes:

Behavioral Concerns/Problem Behaviors:

Eating Habits/Diet:

Sleep Routine:

Abilities and Skills

Describe skill level and the amount of assistance required:

Eating/Drinking: _____

Dressing: _____

Toileting: _____

Bathing: _____

Grooming: _____

Communication:_____

Mobility: _____

Community: _____

Home and Family

Please list all family members living in the home and their relationship to the child. Also list others who have significant relationships.

Please list any household pets and type of pet.

Please list best days and times for services

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