



Behavior Consulting LLC

5373 N Union Blvd, Ste 202, Colorado Springs, CO 80918
 e: hayley@atlasbxconsulting.com p: 719.465.7195 f: 719.258.1353

Intake Evaluation Form

Patient Name	
Patient DOB	
Parent/Guardian Name(s)	
Primary Phone Number	
Secondary Phone Number	
Email	
Home Address	

Diagnosis Information

Diagnosis	Diagnosing Provider	Approx. Date of Diagnosis

Allergies/Dietary Restrictions

Allergen	Severity	Symptoms	Treatment

Current Medications

Medication	Dose	Reason



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Other Therapies

Please list current and previous therapies the patient has received (ex: ABA, Speech Therapy, Occupational Therapy, Physical Therapy, Psychotherapy, Hippotherapy, etc.)

Type	Provider	Schedule

Availability for ABA Therapy

Atlas Behavior Consulting offers center-based, in-home, and community services. Our hours of operation are Monday-Friday 8:00-6:00 pm and Saturdays 8:00-1:00pm. Please select your desired location(s) and hours available for ABA therapy.

Therapy Location		
Atlas Basecamp (Center)	YES	NO
In-Home	YES	NO
Community/Other (please specify)	YES	NO

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 AM						
9:00 AM						
10:00 AM						
11:00 AM						
12:00 PM						
1:00 PM						
2:00 PM						
3:00 PM						
4:00 PM						
5:00 PM						
6:00 PM						



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Reason for seeking services (select all that apply)

ABA therapy can be used to address delays or concerns with language, self-help skills, social skills, and behavior challenges.

Current Concerns		
Communication & Language	YES	NO
Daily Living Skills	YES	NO
Social & Play Skills	YES	NO
Academic/School Difficulties	YES	NO
Sensory Needs/Aversions	YES	NO
Challenging or Dangerous Behavior	YES	NO
Other (please specify)	YES	NO

Household Information

Who currently lives in the household? Please include pets to ensure appropriate staffing.

Name	Age	Relationship to Patient

Caregiver-Guided Skill Assessment

Please answer the following questions according to the patient’s current skill level. If the patient used to engage in the skill but cannot any longer, please mark under “Previously.”

Language & Communication				
Skill	Always	Sometimes	Never	Previously
Uses words/sentences to communicate				
Uses gestures/sign language/pictures to communicate				
Labels common items in their environment				
Imitates sounds or words when asked				
Follows simple 1-step instructions				
Responds to their name being called				
Fills in the blanks to songs/statements (ex: Twinkle twinkle little... star)				

ATLAS

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Daily Living Skills				
Skill	Always	Sometimes	Never	Previously
Requires others to feed them				
Requires others to dress them				
Requires others to assist with hygiene tasks (tooth brushing, hand washing, showering)				
Feeds self using utensils or hands				
Dresses self independently				
Completes hygiene tasks independently (tooth brushing, hand washing, showering)				
voids on the toilet (urine/BM)				
voids in diaper/pull up (urine/BM)				
Waits appropriately for your attention				
Waits appropriately for access to desired items				
Safe in the car (stays seated, uses seatbelt, etc)				
Safe in the community (stays near adult, holds hands, etc)				

Social Skills				
Skill	Always	Sometimes	Never	Previously
Interacts with other children				
Joins in play with others				
Takes turns appropriately				
Maintains personal space with others				
Engages in independent play				
Engages in pretend play				
Engages in cooperative play				
Acknowledges others in their environment				



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Table with 5 columns: Behavior, Always, Sometimes, Never, Previously. Rows include: Crying / Screaming, Elopement / Running away, Physical aggression (hitting, kicking, pinching, biting, etc), Task refusal, Self injury (head banging, hitting self, skin picking, etc), Property destruction, Tantrum, Hair pulling, Spitting, Throwing objects, Eating non-edible items, Mouthing non-edible items, Inappropriate touching self/others, Other, Other.

Approximately how often do these behaviors occur? (Ex: 1x per hour, 10x per day, etc)

Three horizontal lines for text input.

What environments do these behaviors occur in?

Three horizontal lines for text input.

How do you typically respond to the behavior?

Three horizontal lines for text input.

What strategies have you tried to control the behavior, and have they been successful?

Three horizontal lines for text input.

Is there any other information you want us to know?

Three horizontal lines for text input.