



Behavioral Directions, LLC
Consulting in Autism & Developmental Disabilities

Behavioral Directions, LLC
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New Client Referral Form

| Client Information | | | |
|---|------------|---------------------------|----------------------|
| Child's Name: | | Date of Birth: | Sex: <i>M / F</i> |
| Parent /Guardian #1 Name: | | Parent /Guardian #2 Name: | |
| Home Phone | Work Phone | Home Phone: | Work Phone: |
| Address: | | Address: | |
| City, State, ZIP: | | City, State, ZIP: | |
| Referral Information | | | |
| Who referred you to our services (name of doctor, agency, etc.)? | | | |
| Reason for seeking services: | | | |
| Is your child in school? If so, list type of program (non-categorical special education, mainstream, autism classroom, etc.)? | | | |
| What is the name of your child's school? | | | |

Are you seeking services in our ABA clinic, parent consultation/training, help with behaviors of concern, or school coordination/IEP support?

Are there any specific behavioral concerns (tantrums, aggression, self-injury, toileting difficulties, feeding issues, transitions, outings, social skills, etc.)?

If problem behaviors exist, what is being done now to address them?

Do you require any special accommodations to access our services?

Who does your child reside with (e.g., both parents, mother only, father only, etc.)?

What is your insurance company?

Are the child's parents married to each other? **Yes / No**

If the child's parents are unmarried or divorced, we are required to know the legal guardian(s). Please specify joint custody, sole custody, etc. We will require a copy of the legal custody documents to begin services and contact the other parent in joint custody cases for joint participation. **Please indicate N/A as needed:**

Please return this form by **emailing** it to us at info@behavioraldirections.com or **mailing** it to us at Behavioral Directions LLC, 46090 Lake Center Plaza, Suite 101, Sterling, VA 20165. We look forward to being in touch.