Connections ABA

A division of Small Talk Pediatric Services Inc.

Phone: (530) 226-8255
Fax: (530) 226-8250
www.Connectionsaba.net

2562 Goodwater Ave. Suit A
Redding, CA 96002

Child Case History Questionnaire:

Child's First Name Last Name	Nickname	Date of Birth	Pediatrician
Street Address City State Zip		Phone	
Mother's Name	Mother's age	Mother's Occupation	Cell Phone
Father's Name	Father's age	Father's Occupation	Cell Phone
Email		Siblings (Names/Ages)	

Allergies/Dietary Restrictions:

Referral for Services:

Briefly describe your concerns today:

How does your child usually communicate his/her needs?
(Points, hand leads, vocalizes, single words, gestures, etc.)

Provider History:

Have any other specialists/providers seen your child such as, Physicians, Occupational Therapist, Physical Therapist or Audiologist?
(*If testing was done please report and/or attach results)

Concerns or goals developed by other providers:

Family History:

Social:

How does your child interact with others, Children his/her own age, Siblings?

Please provide any additional information that may be helpful for us to best serve your child and family: (Illness, Diagnosis, Pregnancy Difficulty)

Family Availability: Please indicate any days/times you are **Not Available** for visits

Statement of Information and Consent

The above information is correct to the best of my knowledge. I agree and consent that Connections ABA and their proxy may administer formal and/or informal evaluations to assist in tracking my child's development and progress. I additionally consent that Connections ABA a Division of Small Talk Pediatric Service Inc and their proxy may collect information and collaborate about my child.

Childs Name:_____

Parents Name:_____

Signature: _____ Date: _____
(Parent/Guardian if under 18)