

PERFECT PATHWAYS INTAKE FORM

Client Information

- Client Name:
- Date of Birth:
- Phone:
- Address:
- Guardian Name:
- Guardian Phone:

Support Needs

- Primary Diagnosis / Disability:
- Communication Style:
- Behaviors or triggers:
- Calming strategies:
- Mobility needs:
- Allergies:

Life Skills & Daily Living

- Skills the client wants to work on:
- Activities they enjoy:
- Activities to avoid:
- Safety concerns:

Community Integration

- Preferred outings:
- Social goals:
- Transportation permission (Yes/No):

Emergency Contact

- Name:

- Phone:
- Relationship:
- Medical conditions to be aware of:

Scheduling

- Preferred days:
- Preferred times:
- Hours requested per week:

Signature

- Client/Guardian Signature:
- Date: