

This form helps me better understand you and/or your child's needs prior to our first session.

Please feel free to skip any questions that do not apply or feel too personal to answer in writing; we can always discuss them together.

You can submit this form electronically (by typing your signature) or print it and sign by hand. Both methods have the same legal effect.

Client Information

Client full name

Preferred name / pronouns

Date of birth

Age

Gender identity

Address

City / State / ZIP

Phone

Email

Best way to reach you

School / Workplace

Grade / Role (if applicable)

Parent / Guardian or Caregiver

Complete if client is a minor or if a family member is participating in care.

Name

Relationship to client

Phone

Email

Second caregiver name

Relationship / phone

Who lives in the home?

Emergency Contact

Name

Relationship

Phone

Diagnoses & Neurodivergence Profile

Diagnoses, formal or self-identified (Autism, ADHD, Anxiety, OCD, Learning Differences, Dyslexia, Dyspraxia, Tourette's, PDA, Sensory Processing, Giftedness, etc.)

Who diagnosed / when?

Co-occurring conditions

Sensory & Communication Preferences

Sensory needs or sensitivities (sound, light, touch, food, movement, etc.)

Communication style (verbal, AAC, written, scripts, processing time, etc.)

Things that help you/your child feel safe and regulated

Things that are dysregulating or overwhelming

Daily Functioning

Sleep patterns

Eating / food preferences

Executive functioning (planning, transitions, time, organization)

Social connections / friendships

Independence with daily living tasks

Strengths, Interests & Joy

Strengths and superpowers

Special interests / passions

What brings you/your child joy?

Current Challenges

What brings you to coaching now? What feels hardest right now?

How long has this been a concern?

Anything tried that has helped?

Anything tried that did NOT help?

Goals for Coaching

Top 3 goals for our work together

How will you know coaching is working? What will be different?

What does the family hope to gain?

School / Work Supports

IEP / 504 / accommodations in place

Workplace accommodations

Current providers (therapists, OT, SLP, psychiatrist, teachers, etc.)

Medical & Medication

Primary care provider

Current medications & dosages

Allergies

Relevant medical history

Mental Health History

Previous therapy / coaching

Hospitalizations or crisis history

Current safety concerns (self-harm, suicidality, harm to others)

Substance use

Family Context

Family structure and dynamics

Other family members with neurodivergence or mental health needs

Recent stressors, transitions, or losses

Cultural, religious, or identity factors important to your care

Logistics & Preferences

Preferred session format (in-person, telehealth, or hybrid)

Days/times that work best

Insurance (if using)

Member ID / Group #

How did you hear about Specthrive?

Anything Else

What else would you like Nancy to know before our first session?

Sign and Submit

Sign this intake form by typing your name, your email, your relationship to the client, today's date, and checking the agreement box below. Under the federal E-SIGN Act and Minnesota's Uniform Electronic Transactions Act (UETA), your typed name has the same legal effect as a handwritten signature when provided with the intent to sign. To sign on paper instead, print this form and complete the same fields by hand.

Your full name (typed signature)

Your email

Relationship to client

Date

- I am providing my electronic signature on this form. By checking this box and clicking Submit, I agree my typed name above has the same legal effect as a handwritten signature, I confirm the information I provided is accurate to the best of my knowledge, I intend to be bound by the terms of this document, and I have had the opportunity to print this document for my records.