

APPLICATION FOR BEHAVIOR SERVICES

Who referred you to us?	
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For clinic services which location?	New Bedford	Bridgewater	Norwood	N.Dartmouth
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PATIENTS INFO:

Patients Full Name?						
Date of Birth?						
Address? <small>Street, city, state, zip</small>						
Primary Diagnosis?						
Secondary Diagnosis?						
Age diagnosis given?						
Date diagnosis given?						
Diagnosing Physician?						
How was the patient diagnosed?	Observation?	<input type="checkbox"/>	Parent Report?	<input type="checkbox"/>	Direct Testing?	<input type="checkbox"/>

Guardian/'s INFO:

Legal Guardian:	Relationship to Patient:					
Address:						
Cell Number:			Social Security Number:			
Occupation:		Employer:			Work Phone:	
Email:						
2nd Legal Guardian:			Relationship to Patient:			
Address:		Same as above		Different from above		
Cell Number:			Social Security Number:			
Occupation:		Employer:			Work Phone:	
Email:		Are there court documents regarding custodial rights?			Y	N
Please list every one that lives in the same house as the patient:						

To be signed by the Parent/Guardian

This permission to share the medical information of the patient listed above will end:

1. When the patient no longer receives services from Behavioral Connections
2. If the parent/guardian changes their mind and revokes the permission

Parent/Guardian's Printed Name

Today's Date

Parent/Guardian Signature

Relationship to Patient

Phone

Parent/Guardian Address

Check this box if you do not give Behavioral Connections permission to share information

Parent Signature

Date

Cultural and Linguistics Survey

What is the primary language spoken within the home? _____

Does your child respond to the primary language? Yes No NA

Is there a secondary language spoken within the home? Yes No

If Yes, what is it? _____ Does your child respond to this language? Yes No NA

Do you need an interpreter when meeting with BC? Yes No

If Yes, what language would you like the interpreter to speak? _____

Do you have any cultural, religious beliefs, or preferences that you would like us to know? Yes No

If Yes please explain: _____

Are there any cultural, or religious accommodations that you would like for BC to provide? Yes No

If Yes please explain: _____

If we have missed something that you would like to share specific to your families heritage, or ethnicity please share it with us here: _____
