



SEVENBRIDGES THERAPY

Group Therapy Application

(Ages 8-17)

TODAY'S DATE: _____

For admin use only:

For admin use only:

CLIENT INFORMATION

Name (first/last): _____ Gender: M F DOB (mm/dd/yy): _____

Referred By: _____ Age (yrs/mo): _____

Check your requested/referred service interest:

- Social Group Therapy
 Individual Social Therapy
 Occupational Therapy
 Speech Therapy
 Evaluation
 Screening
 Consultation

*****Requested/recommended service may change based on child's most immediate needs*****

Describe any general concerns you have regarding your child: _____

PARENT/GUARDIAN INFORMATION

Primary Contact (first/last): _____ Relation to Client: _____

Address: _____

Home: _____ Cell: _____ Work: _____ Email: _____

Second Contact (first/last): _____ Relation to Client: _____

Home: _____ Cell: _____ Work: _____ Email: _____

List other caregivers that are permitted to participate in drop off, pick up, and wrap-ups:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

BILLING INFORMATION *required*

PARENTS/CAREGIVERS

*Email: _____ **all invoices are sent by email*

Address: _____ City: _____ State: _____ Zip: _____

INSURANCE INFORMATION

Insurance Company Name/Ph Num: _____ Member ID#: _____

Insured's Name and Date of Birth: _____

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REGIONAL CENTER CLIENTS *If you are not a Regional Center client skip to SCHEDULE AVAILABILITY section*

Have you spoken with your Case Manager about Services? Yes Not Yet

Case Manager (first/last): _____ Phone: _____

SCHEDULE AVAILABILITY

List the blocks of time that you are **available** to participate in therapy for each day of the week. Write *NA* on days that will not work for you.

Keep in mind that group placement involves juggling multiple schedules, ages, and needs. This is a critical part of our process in providing effective treatment. The more availability you provide the easier it will be for us to group your child.

Hours of Operation		Your availability
8am to 7pm	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
8am to 4pm	Saturday	

BIRTH HISTORY

Birth Weight: _____ lbs. _____ oz. Number of days' baby was in hospital after delivery: _____

Where there complications during (check all that apply):

Pregnancy Delivery Post-Delivery OR Normal/ No Complications

If complications, briefly describe (e.g. weak suck nursing, vomiting, diarrhea, infections, low muscle tone):

FAMILY HISTORY/ENVIRONMENT

List language(s) spoken at home: _____

Child is: Biological Foster Adopted At what age? _____

Child resides with (check all that apply):

Biological Mother Foster Mother(s) Adoptive Mother(s)
 Biological Father Foster Father(s) Adoptive Father(s) Other: _____

List sibling name(s), ages(s), and if they have medical, social, or academic concerns:

Name	Age	Concerns (if applicable)

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List any family members who have medical, physical, speech/language, social, academic, or learning challenges:

Relation to Client	Concern(s)

MEDICAL HISTORY

History of medical concerns (check all that apply):

- Feeding Problems Eye Problems Head Trauma High Fever
- Tonsillitis Chronic Colds/Respiratory Infections Allergies Asthma
- Chronic Ear Infections Hearing Impairment Temporary Hearing Loss
- Other: _____

Diagnoses (e.g. autism, social anxiety, attachment disorder, attention deficit disorder, cerebral palsy, sensory processing disorder):

Pediatrician: _____ last seen: _____

Hearing test: Yes No If yes, when _____ results _____

Vision test: Yes No If yes, when _____ results _____

List current medications: _____

List past medications: _____

List food allergies: _____

List special diet/dietary restrictions: _____

EDUCATION *If your child is not currently in school skip to CURRENT SERVICES section*

Current School: _____ District: _____ Grade: _____

Type: Regular Ed Special Ed Special Day Class Other _____ Aide ___% of school day

How is your child doing academically? Excellent Satisfactory Poor

List any concerns your child's teacher has expressed to you: _____

I give consent for Communication Works staff to speak with my child's current teacher. Yes No

Teacher (first/last): _____ Phone: _____

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CURRENT & PAST SERVICES *If your child has never received therapy services skip to DEVELOPMENT section*

Please list all past and/or current therapy services your child has received.

Therapy Type & Location	Therapist (first/last)	Session Frequency	Last seen

Current Therapy Goals: _____

DEVELOPMENT

Please list any developmental milestones that were significantly delayed (e.g., crawling, walking, pointing, talking, etc.):

How does your child currently communicate?

- Body Language Sounds (vowels, gurgling) Words (shoe, doggy)
- 2-4 word sentences Sentences longer than 4 words Conversations
- Other: _____

At what age did you first become concerned about your child’s physical, speech, language, and/or communication skills and why?

SOCIAL LEARNING INFORMATION

The following questions will help us get to know your child and aid with appropriate group placement. Your accuracy and honesty will help us understand each child and their needs.

Use the following scale to rate your level of concern regarding your child’s ability to:

0 = not concerned, 1 = some concern, 2 = concerned, 3 = very concerned

- _____ Social communication awareness and skills
- _____ Express their thoughts and ideas
- _____ Pronounce of words and sounds
- _____ Understand and follow directions
- _____ Attention and focus (e.g., thinking about what the group is thinking about)
- _____ Regulate emotions and feelings
- _____ Manage his/her body (e.g., sensory processing/personal space, seeking out roughhousing, difficulty sitting still)

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_____ Use age appropriate gross motor skills (e.g., running, jumping, etc.)

_____ Use age appropriate fine motor skills (e.g., handwriting, etc.)

Check the box if you would describe your child's temperament/characteristics as the following:

- | | |
|--|---|
| <input type="checkbox"/> Quiet, calm, relaxed, patient | <input type="checkbox"/> Active, outgoing, enthusiastic |
| <input type="checkbox"/> Worried, anxious, nervous, habits/tics | <input type="checkbox"/> Sad, fatigued, tired, low energy |
| <input type="checkbox"/> Internally distracted (e.g., preoccupied with own thoughts) | <input type="checkbox"/> May yell or hit when upset |
| <input type="checkbox"/> Externally distracted (e.g., preoccupied with environmental distractions) | <input type="checkbox"/> Passive, quiet, withdrawn (may hide or emotionally shut down when upset) |
| <input type="checkbox"/> Intense, demanding | <input type="checkbox"/> Hyperactive, always in motion |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Rigid, inflexible, becomes easily frustrated |
| <input type="checkbox"/> Picky eater | <input type="checkbox"/> Irregular sleep patterns |

Other characteristics: _____

List triggers related to behavioral challenges: _____

Please tell us how your child performs in the following skill areas.

Skill Area	Never	Rarely	Sometimes	Often	Always	Comments
Is aware of others' intentions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands social rules in different social contexts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is aware of their own social challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintains good personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adapts to different social situations with different people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily anxious in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands and expresses their own emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses language or other tools rather than behavior (e.g., tantrum, laughing) to express emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is aware of others' emotional responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Changes own behavior based on others emotional responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skill Area	Never	Rarely	Sometimes	Often	Always	Comments
Understands his/her own thoughts and emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands that others have thoughts that are different from their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows how, when, and why to tell a white lie (e.g., use social filter and not hurt their feelings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is easily tricked or mislead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has strong expressive language (e.g., able to express wants and needs, feelings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to engage in conversation with 2 - 3 exchanges as well as expected vocabulary and length of sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effectively and efficiently solves problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands the difference between a small problem (e.g., shoe untied) vs. big problem (e.g., bad car accident)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does well academically/gets good grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes inferences to understand stories/has strong reading comprehension abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is organized and completes classroom assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily understands verbally presented information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is invited to social events and parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has been the target of bullying or easily tricked by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Has a tendency to pick on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Greets others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skill Area	Never	Rarely	Some- times	Often	Always	Comments
Able to determine who is a good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Desires to be with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often has 1 or 2 peers to “hang out” with at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hangs out with peers outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tends to be sensitive to noise, touch, visual stimuli, certain tastes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has strong factual knowledge, especially around a special interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gifted in certain subjects (e.g., science, math, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	