

Orange/Seminole/Lake
Fax to (407) 699-0444 or
Email to Maitland@Adapt-FL.com
Call (407) 622-0444 for help

Oseola/Polk
Fax to (407) 518-0808 or
Email to Kissimmee@Adapt-FL.com
Call (407) 928-0444 for help

Volusia/Flagler/St Johns/Putnam
Fax to (386) 675-6490 or
Email to Ormond@Adapt-FL.com
Call (386) 898-5003 for help

DEMOGRAPHIC INFORMATION

Name: _____ Social Security #: _____
 Parents/Caregivers Names: _____ Relationship to Client: _____
 Address: _____ County: _____
 City/State: _____ Zip Code: _____
 Phone: _____ Phone #2: _____ Email: _____
 Sex: M F Race: White Black Hisp Asian/Pacific Hatian Bi-Racial Birth Date: _____ Age: _____
 Legal status: Minor in parent/guardian custody Minor in state custody Competent Adult Incompetent Adult
 School/Employer: _____ Caregiver's primary language: _____ Bilingual needed? yes no

OTHER CURRENT SERVICES

No current services
 Mental Health Counseling: Name/Agency: _____ Phone: _____
 Psychiatric/Medication: Name/Agency: _____ Phone: _____
 Other: _____ Name/Agency: _____ Phone: _____

REFERRAL SOURCE INFORMATION

Referring Agency: **VCPS** Referring Person: _____
 Phone: _____ Fax: _____ Email: _____ Date: _____

SERVICES REQUESTED: Counseling Behavior Analysis Counseling or BA Psychiatric

FUNDING INFORMATION

Medicaid #: _____ Medicaid Type: _____
 Other Insurance: _____ ID #: _____ Group #: _____
 Insurance Phone/Address: _____
 Auth info: _____

PROBLEM DESCRIPTION

Please check the client's current behavioral/emotional symptoms (required):
 Physical Aggression Runaway Tantrums Lying Depressed Affect
 Verbal Aggression Property Destruction Truancy Sexually Acting Out Anxious Affect
 Non-Compliance Disruptive Behavior Stealing Self-Injury/Suicidal Toileting Problems
 Language delayed Developmental disability Autistic/ASD Alcohol/Drug Problem Self Care Problems

Other symptoms or further information:

FOR OFFICE USE ONLY:

Clinician Assigned: _____ Date Assigned: _____ Licensed Evaluator: _____