

CAPERNAUM PEDIATRIC THERAPY, INC.

2019 Friendship Group Intake Form

By completing this form, you are formally registering your child for the **FRIENDSHIP GROUP**.

**Please complete this intake form and mail your payment of \$375 by JUNE 1, 2019 to:
6625 LYNDALE AVENUE SOUTH, SUITE 430, RICHFIELD, MN 55423-2373**

Child's Name: _____ DOB: _____

Parents' Name(s): _____ Email: _____

Address: _____

Phone Number: _____

Emergency Number: _____

Name of person(s) bringing your child to group: _____

Preferred Group Location (please check) CAPERNAUM PEDIATRIC THERAPY CLINIC AVAIL ACADEMY

Pertinent Medical History

Pediatrician: _____

Medical Diagnosis: _____

Medications: _____

Allergies: _____

Special Diet Information: _____

Education

School: _____ Grade: _____

Name and describe services received in school: _____

Parent Reflections

1. What are your child's strengths? _____

2. What are your child's biggest challenges? _____

3. Does your child have any behavioral concerns? _____

4. What would you like your child to gain from attending this group? _____

5. What do you hope to gain for yourself from this group? _____

6. Is there anything else you would like us to know regarding program planning for your child (e.g., likes, dislikes, behavioral characteristics)? _____

Your child will be assessed at the start of the group and then reassessed at the end. If you have questions regarding the group or group placement, please contact Emily LaRenzie at EmilyL@capernaumpeds.com.

If you have questions regarding payment, please contact Jenny Gales at 952-285-2840.