



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

Thank you for your interest in receiving services from Horizons Behaviour Consulting! To help in the first few steps of the intake process, below is some information about the services that we offer and the intake process.

Filling out the registration form provides us with all the information needed to start services. These forms will provide the behaviour consultants with important information about the client and as such, we require that the additional paperwork be turned in prior to scheduling services. Below we have provided a list of our services and brief descriptions of each to aid in deciding what services you may be interested in:

Applied Behavior Analysis (ABA) Services: Our behavior consultants provide evidence-based treatment based on the principles of applied behavioral analysis (ABA), in order to identify individualized goals to support skill acquisition, to decrease the frequency of challenging behaviors, and to support the individual in a variety of settings. The types of services that are offered include:

- **Focused ABA Services:** The Behaviour Consultant will meet with the parent/caregiver and the child for 2.5 to 5 hours per week and work on a limited number of behavioural targets (e.g., problem behaviours, functional skills, social skills). Services can typically last anywhere between 4 to 6 months and can be offered through different online platforms if requested (e.g., Skype, Zoom).
- **Comprehensive ABA Services:** The Behaviour Consultant will meet with the parent/caregiver and the child for 20 to 40 hours per week and work on multiple affected developmental domains (e.g., communicative, social, maladaptive behaviours, etc.). Comprehensive services are more intensive than focused services and can typically last anywhere between 6 months to 2 years.

Please thoroughly fill out each page of the registration form that is provided below. Once you have completed the forms, please email it to info@horizonsbehaviourconsulting.com and we will be in contact with you when we receive the registration form to continue the intake process. If you have any questions along the way, please do not hesitate to contact us. We look forward to working with you and your family!

Sincerely,

Matt Derkach, M.ADS, BCBA
Clinical Director
Horizons Behaviour Consulting
Contact: 613-820-1919
www.horizonsbehaviourconsulting.com



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

Person completing this form

Name: _____

Please indicate relationship to the client: Parent Guardian Other: _____

Are you authorized to consent for this individual's healthcare?

_____ No _____ Yes

Client's Legal Name:

Name Client goes by: _____ Date of Birth: _____

Gender: M F

Home Address:

Current School/Daycare your child attends and the frequency they attend per week:

Family Information

Client lives with: _____

Parent/Guardian 1

Name: _____

Relationship: _____

Address (fill in if different from above): _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

E-mail Address:

Employed by: _____

Occupation: _____

Parent/Guardian 2

Name: _____

Relationship: _____

Address: (if different) _____ Province: _____ Postal Code: _____

Home Phone: (if different) _____

Cell Phone: _____

E-mail Address

Employed by: _____

Occupation: _____

Names and ages of any other siblings:

Primary language of client: English Other: specify _____

Percent of time the child is exposed to non-English language(s):

Emergency Contact Information

Please provide the name and phone number of an individual who can be called in case of an emergency when parents/guardians are not available.

Emergency Contact: _____



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

Relationship: _____

Home Phone Number: _____

Cell Phone Number: _____

Diagnoses

Please list any formal diagnoses your child has (e.g., ASD, Intellectual Disability) and the year he/she was diagnosed.

Previous/Additional Service Providers

Has the client ever been assessed/evaluated by an Occupational Therapist, ABA Therapist, Speech and Language Therapist, Psychiatrist, Psychologist, Special Educator, or other mental health counselors? ___ No ___ Yes ___ Unknown

If yes, please provide the following information:

A. Name: _____ Type of Specialist _____
Date started service: _____ Date ended service: _____
Hours per day: _____

Purpose of service:

B. Name: _____ Type of Specialist _____



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

Date started service: _____ Date ended service _____

Hours per day: _____

Purpose of service:

C. Name: _____ Type of Specialist _____

Date started service: _____ Date ended service _____

Hours per day: _____

Purpose of service:

Medical Information

Hospital/Clinic Preference:

Client's Primary Doctor: _____

Doctor Phone Number: _____

Allergies:

List any medication routinely taken at home:



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

**An additional *Permission to Administer Medication* form will need to be completed and on file for each specific medication your child takes at Horizons Behaviour Consulting.

List any medical restrictions to client's activities:

List any special dietary needs:

Client's Interests

Preferences (favorite activities, food, interests/topics, sensory):

Other important information regarding interests:

Concerns

Please explain the reasons for seeking ABA services.

| | Behaviour | Frequency |
|----------------------------|----------------------------------|--|
| Decrease Problem Behaviour | <input type="checkbox"/> Hitting | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely |



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

| | | |
|---|--|--|
| | <input type="checkbox"/> Biting | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely |
| | <input type="checkbox"/> Tantrums (yelling, screaming, crying) | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely |
| | <input type="checkbox"/> Breaking objects | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely |
| | <input type="checkbox"/> Self-injurious behaviour | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely |
| | <input type="checkbox"/> Head banging | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely |
| | <input type="checkbox"/> Undressing in public | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely |
| Please provide more information for any of the boxes you checked above | | |
| Increase Skills | <input type="checkbox"/> Communication <input type="checkbox"/> Academics <input type="checkbox"/> Toileting <input type="checkbox"/> Sleep <input type="checkbox"/> Eating <input type="checkbox"/> Personal space <input type="checkbox"/> Social Skills <input type="checkbox"/> Other _____ | |



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

Please provide more information for any of the boxes you checked above

| | |
|--|--|
| | |
|--|--|

2. Please list client strengths:

Additional Comments

Funding

Yes No (private)

If yes, please indicate the source of funding (e.g., Ontario Autism Program, Children's Aid Society, Insurance, etc.) and the amount of funding you receive per year (e.g., \$20,000 through OAP).



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

Hours of Availability

Please put 1 for preferred times and 2 for other times you ARE available for services.

| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|--------|---------|-----------|----------|--------|
| 8:00am | | | | | |
| 9:00am | | | | | |
| 10:00am | | | | | |
| 11:00am | | | | | |
| 12:00pm | | | | | |
| 1:00pm | | | | | |
| 2:00pm | | | | | |
| 3:00pm | | | | | |
| 4:00pm | | | | | |
| 5:00pm | | | | | |
| 6:00pm | | | | | |

Cultural Considerations

Please describe below important cultural practices, rituals, traditions or beliefs that you believe are important for us to be aware of prior to beginning services.



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

SIGNATURE and ACKNOWLEDGEMENT

By signing, I hereby certify that the above statements are true and correct to the best of my knowledge and understand all information in this packet will become part of the patient's clinical file.

Signature (Parent/Guardian)

Date

CONSENT FOR COMMUNICATION



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

Horizons Behaviour Consulting would like to know your preferences by which we may contact you regarding your services.

I do not have a preference, Horizons Behaviour Consulting may contact me using either email or phone No Yes

I prefer the majority of all contact to take place via phone No Yes. If yes, please indicate below best contact number(s):

Home Number: _____ Best time(s) to call: _____

Is it ok to leave a message at this number? No Yes

Work Number: _____ Best time(s) to call: _____

Is it ok to leave a message at this number? No Yes

Cell Number: _____ Best time(s) to call: _____

Is it ok to leave a message at this number? No Yes

I prefer the majority of all contact to take place via email No Yes

If yes, please review and sign the consent for email below:

Staff working for Horizons Behaviour Consulting may communicate via email, but this agreement does not obligate staff at Horizons Behaviour Consulting to communicate via email. Email may be one of many forms of communication with staff at Horizons Behaviour Consulting.

Risk of using email

I want to use email to communicate to staff at Horizons Behaviour Consulting about my/the client's personal health care. I understand that staff will use reasonable means to protect the security and confidentiality of email information sent and received. I understand that there are known and unknown risks that may impact the privacy of my personal health care information when using email to communicate. I acknowledge that those risks include, but are not limited, to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by many intended and unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and analyze emails sent through their systems.



New Client Registration



Horizons Behaviour Consulting
Ottawa, Ontario
(613) 820-1919

- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread different computer viruses.
- Email delivery is not guaranteed.

Understanding the use of email, I give permission for staff at Horizons Behaviour Consulting to send me email messages that include my/the client's personal health care information and understand that my email messages may be included in my/the patient's medical record. I have read and understand the risks of using email as stated above and agree that email messages may include protected health information about me/the client, whenever necessary.

Email address:

Client's name

Signature (Parent/Guardian if under 18yrs old)

Date

Please send Registration Form to info@horizonsbehaviourconsulting.com once completed