

**Behavioral Directions, LLC**  
46090 Lake Center Plaza, Suite 101

Sterling, VA 20165  
Office: (703) 855-4032

New Client Referral Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client Information | | | | | |
| Child’s Name: | | Date of Birth: | | | Sex: |
|  | |  | | | ***M / F*** |
| Parent /Guardian #1 Name: | | Parent /Guardian #2 Name: | | | |
|  |  |  | |  | |
| Home Phone | Work Phone | Home Phone: | | Work Phone: | |
|  |  |  |  | | |
| Address: | | Address: | | | |
|  | |  | | | |
| City, State, ZIP: | | City, State, ZIP: | | | |
|  | |  | | | |
| Referral Information | | | | | |
| Who referred you to our services (name of doctor, agency, etc.)? | | | | | |
|  | | | | | |
| Reason for seeking services: | | | | | |
|  | | | | | |
| Is your child in school? If so, list type of program (non-categorical special education, mainstream, autism classroom, etc.)? | | | | | |
|  | | | | | |
| What is the name of your child's school? | | | | | |
|  | | | | | |
| Are you seeking services in our ABA clinic, parent consultation/training, help with behaviors of concern, or school coordination/IEP support? | | | | | |
|  | | | | | |
| Are there any specific behavioral concerns (tantrums, aggression, self-injury, toileting difficulties, feeding issues, transitions, outings, social skills, etc.)? | | | | | |
|  | | | | | |
| If problem behaviors exist, what is being done now to address them? | | | | | |
|  | | | | | |
| Do you require any special accommodations to access our services? | | | | | |
|  | | | | | |
| Who does your child reside with (e.g., both parents, mother only, father only, etc.)? | | | | | |
|  | | | | | |
| What is your insurance company? | | | | | |
| Are the child’s parents married to each other? **Yes / No** | | | | | |
|  | | | | | |
| If the child’s parents are unmarried or divorced, we are required to know the legal guardian(s). Please specify joint custody, sole custody, etc. We will require a copy of the legal custody documents to begin services and contact the other parent in joint custody cases for joint participation. **Please indicate N/A as needed:** | | | | | |
|  | | | | | |

Please return this form by **emailing** it to us at [info@behavioraldirections.com](mailto:info@behavioraldirections.com) or **mailing** it to us at Behavioral Directions LLC, 46090 Lake Center Plaza, Suite 101, Sterling, VA 20165. We look forward to being in touch.