



MADINA WELLNESS CENTER

5194 Central Ave NE
Columbia Heights, MN 55421
Phone: (763) 710-7296
Fax: (763) 710-7475
Email: madinawellness2@gmail.com

All pages of the intake form MUST be completed and mailed, faxed, or e-mailed to our office for registration.

Child's Name: _____
First Last Middle Initial Nickname

Date of Birth: _____ Age: _____ Male Female

Parents Names: (Mother) _____ (Father) _____

Phone Number: _____ Email: _____

Address: _____
Street City State Zip

Child's Health Insurance: _____

Policy Number: _____

Has your child had a CMDE Assessment or Diagnostic Assessment? Yes No

If yes, where was the assessment done? _____

Has your child ever utilized ABA services? Yes No

Preferred Language: _____

Do you need an interpreter? Yes No

Does your child have a Case Manager? Yes No If yes, name of case manager: _____
_____ which agency/county? _____

Is/was your child attending School Yes No If yes, name of school: _____

Individual Education Plan (IEP)? Yes No Which school? _____

PCA Company: _____ Amount of Hours: _____



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Autism & Other Conditions:

- Autism
- Asperger's Syndrome
- Allergies to: _____
 - Reaction to allergies: _____
- Anaphylaxis
- Asthma
- Fragile X
- Attention Deficit Disorder
- Attention Deficit Hyperactivity Disorder
- Blind/Vision Impaired
 - Glasses __ Cane __ Arthritis __
- Deaf/ Hearing Impaired
- Uses Sign Language
- Diabetes/Insulin Dependent
- Developmental/Cognitive or Intellectual Disability
- Down Syndrome
- Epilepsy/Seizures, type and frequency: _____
- Pervasive Development Disorder
- Prader Willi Syndrome
- Rett Syndrome
- Traumatic Brain Injury
- Other: _____

Eating:

Assistance Level: Independent Some Assistance Total Assistance

Food allergies: _____

Reaction: Hives Difficulty Breathing Nausea Anaphylaxis Other

Special Diet: None Diabetic Lactose Intolerant Gluten Free Pureed Chopped

Difficulty with: Swallowing Chewing Drinking Liquids

Are there any foods or drinks you prefer your child not to eat? _____



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Safety and Behaviors:

Self-injurious behavior Verbal Aggression Physical Aggression Eloping/Bolting

Comments: _____

Communication:

Able to communicate wants/needs verbally? Yes No

Uses communication device? Yes No If yes, please explain: _____

Understands/responds to questions: Yes No

Able to read? Yes No Able to write? Yes No Can child communicate pain? Yes No

Further Instructions: _____

