



**Behavioral Dimensions  
Intake Packet**

Today's Date: \_\_\_\_\_ Program you are interested in: \_\_\_\_\_

Client First Name: \* \_\_\_\_\_

Client Last Name: \* \_\_\_\_\_

Client Date of Birth: \* \_\_\_\_\_

Contact Name: \* \_\_\_\_\_

Relationship to Client: \* \_\_\_\_\_

Street address:\* \_\_\_\_\_

City: \* \_\_\_\_\_

State :\* \_\_\_\_\_

Zip Code: \* \_\_\_\_\_

Phone Number: \* \_\_\_\_\_

Email Address: \_\_\_\_\_

Diagnosis (if known): \_\_\_\_\_

Primary Language: \* \_\_\_\_\_

Number of parents, siblings and others living in the home: \* \_\_\_\_\_

Is your family in crisis? If so, what is the nature of your crisis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behavioral Issues**

Severity Scale: Consider all behavioral together when rating your need for service. 1= Occurs weekly; can be redirected if adult intervenes 2= Occurs a couple times a week; can be redirected with adult intervention 3= Occurs daily; an be redirected with adult intervention 4= Occurs daily; difficult to redirect even with adult intervention 5= Injuries occur to client or others; difficult to intervene

Aggression to others *	1	2	3	4	5	NA
Self-injury *	1	2	3	4	5	NA
Pica *	1	2	3	4	5	NA
Property destruction *	1	2	3	4	5	NA
Non-compliance *	1	2	3	4	5	NA
Tantrums *	1	2	3	4	5	NA

Other (describe): \_\_\_\_\_

**Insurance and Funding Information**

Primary Insurance Provider/Funding Source: \* \_\_\_\_\_

Policy Number: \* \_\_\_\_\_

Group Number: \* \_\_\_\_\_

Primary Insurance Provider/Funding Source Phone Number: \* \_\_\_\_\_

Secondary Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Secondary Insurance Provider Phone Number: \_\_\_\_\_

Minnesota Medical Assistance/TEFRA/Other: \_\_\_\_\_

Medical Assistance/TEFRA Number: \_\_\_\_\_



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Waiver (DD, CADI, TBI): \_\_\_\_\_

School Contract: \_\_\_\_\_

**Scheduling**

Our services typically start in your family's home. Please list the hours that the family/client is NOT available for services. We will be able to serve you more quickly the more availability you have.

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**Important Information**

Intake Disclosure: We appreciate your interest in receiving services from Behavioral Dimensions. Please note that we will only keep your intake form on file for one year from the date we received it. If you have previously submitted an intake packet and your wait has been longer than one year from the date you submitted your intake packet, please resubmit your information.

**To submit your intake packet: mail, scan, or fax the completed form using the contact information below. You may also submit this form electronically online at [www.behavioraldimensions.com](http://www.behavioraldimensions.com).**

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*Please refrain from including additional documentation such as diagnostic reports or IEPs.*