Autism Muva - Child Medical & Behavioral Information Form

Child Information

Child's Full Name:

Date of Birth:

Gender:

Parent/Guardian Name(s):

Phone Number:

Email:

Address:

Medical Information

Primary Care Physician:

Physician Phone Number:

Insurance Provider:

Policy Number:

Emergency Contact Name:

Emergency Contact Phone:

Allergies:

Current Medications:

Medical Conditions:

Autism Diagnosis (Date/Doctor/Clinic):

Autism Muva - Behavioral & Developmental Information

Behavioral & Developmental Information

Communication Style:

Triggers we should be aware of:

Calming strategies that work best:

Sensory sensitivities:

Social interaction preferences:

Aggressive behaviors (if any):

Elopement (running away):

Self-injurious behaviors:

Other important behavioral concerns:

Parent/Guardian Consent

I certify the above information is accurate. Autism Muva staff will use this to ensure safe and supportive care.

Parent/Guardian Signature: _____ Date: _____