



ICCD General Intake Form

Child's Name:

DOB:

Parent Name(s):

Home Address:

Cell Phone:

E-mail Address:

Insurance:

Pediatrician:

Relevant History & Clinical Concerns:

Diagnoses:

Health Precautions or Allergies:

Grade:

Home Phone:

Policy Number:

Please provide us with some of your main concerns for seeking services with ICCD, including any social/emotional, behavioral, and/or academic concerns: