



# Children's Therapy Center, Inc.

childrenstherapyctr.com

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## Behavior Questionnaire

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Prior to your child's first session, it is helpful for us to learn as much as possible about any concerns you may have regarding behaviors. It would be helpful if you have any behavioral documents you can share with us.

1. Does your child have behavior issues: Yes No (If no, disregard following questions)

If yes, how does he/she act out or what does the behavior look like? \_\_\_\_\_

2. What triggers meltdowns? \_\_\_\_\_

3. What helps calm your child down? \_\_\_\_\_

4. List tips/advice for staff to prepare for meltdowns or heated situations: \_\_\_\_\_

5. Is your child currently under the care of a professional for behavior issues? Yes No

6. Has he/she ever been under the care of a professional for behaviors in the past? Yes No

7. If yes, do we have permission to contact that professional? Yes No

**Release: I authorize Children's Therapy Center, Inc. to obtain/release the following information.**

Name

Address

Phone Number

Email

Your signature

Date

**Note: This information may be disclosed in oral or written form.**