

Autism Spectrum Disorder (ASD) Adult Intake Form

Personal Information

Full Name

Date of Birth

Age

Gender

Address

Phone

Email

Emergency Contact (Name & Relationship)

Emergency Contact Phone

Referral Information

How did you hear about us?

Reason for referral / main concerns

Developmental & Medical History

Current and past diagnoses (including mental health, medical, neurological)

Current medications and dosages

Significant medical or health problems

Family history of ASD or other developmental/mental health conditions

Education & Employment

Educational background

Current employment or vocation

Social & Daily Functioning

Current living situation (alone, with family, etc.)

Significant relationships and social connections

Any challenges with daily living skills (self-care, cooking, etc.)

Other Relevant Information

Interests, strengths, or skills

Goals and expectations from this assessment or service