



# THE OUTDOOR CONNECTION

The Outdoor Connection at Hutch Farms

306 Skyview Dr. Boerne, Texas 78006

[www.the-outdoor-connection.com](http://www.the-outdoor-connection.com)

Participant Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Gender:  M  F Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in school: \_\_\_\_\_ Name of school: \_\_\_\_\_

Forms completed by (if someone other than client): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

May we contact you by: (please check all that apply)

Phone call  Leaving a voicemail message  Text Message  Email  U.S. Postal Mail

Primary reason(s) for seeking our our program

- My child needs to build Courage
  - My child needs to feel Capable
  - My child has trouble Connecting to others
  - My child doesn't feel like they Count
  - My child has Behavioral Concerns
  - My child has Poor Social Skills
  - My child has Poor Communication Skills
  - Other:
- \_\_\_\_\_
- \_\_\_\_\_

While we are happy to help, please know that if we are not best suited to meet the needs of your child, we may assist you in a search for a more suitable program.

\_\_\_\_\_ Please initial here to indicate your understanding of the limits of our specialties and the ethical obligation to make referrals when there is a mismatch between need and services.

Please name the participant here: \_\_\_\_\_

Relationship to you: \_\_\_ Child \_\_\_ Step Child \_\_\_ Adopted Child \_\_\_ Grandchild \_\_\_ Foster Child

Has the child experienced major changes/events during the past year?  Yes  No, if Yes, explain:

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Is the child presently in play therapy or counseling  Yes  No

If Yes, With who? \_\_\_\_\_

Please list any past or current physical or mental health diagnoses your child has been given by a medical or mental health professional.

1. \_\_\_\_\_

2. \_\_\_\_\_

Please list any current medications and the dosages here that have been prescribed to your child:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Behaviors/Symptoms** Check behaviors/symptoms that occur more often than you would like:

- Anger/aggression
- Anti-social behavior
- Anxiety
- Avoidance
- Hopelessness
- Critical of self/others
- Judgment errors
- Depression
- Withdrawing
- Distractibility
- Impulsivity

**Education**

Current grade: \_\_\_\_\_ Home schooled? \_\_\_\_ YES \_\_\_\_ NO

Special Services: \_\_\_\_ 504 \_\_\_\_ GT \_\_\_\_ Special Education. Does the child have an IEP? \_\_\_\_ YES \_\_\_\_ NO

Does the child visit with the school counselor or participate in social skills groups or other groups?

\_\_\_\_ YES \_\_\_\_ No

If yes, please explain:

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**Support Network**

My child's network of support and encouragement includes the following: (check all that apply)

- |  |   |   |                                  |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Myself                    | <input type="checkbox"/> Classmates       | <input type="checkbox"/> Extra-curricular group |                                  |
| <input type="checkbox"/> Neighbors                 | <input type="checkbox"/> Family of origin | <input type="checkbox"/> Extended Family        | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Religious/Spiritual Group | <input type="checkbox"/> Social Networks  | <input type="checkbox"/> Other: _____           |                                  |

My child does well connecting to others:  Yes  No

My child has a large group of friends:  Yes  No

My child seems to struggle in connecting with his/her peers:     Yes     No

Medical/Physical Health

List any recent health or physical changes for the child:

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Has the child ever been hospitalized?     Yes     No    If so, for what? (Please list only those that occurred in the last 3 years or are related to the child's current issue or problem.)

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***Please read, initial, sign and date to complete the Client History Intake Packet.***

Thank you for taking time to complete the Intake form. While it is detailed and lengthy, please know it is necessary to have as much information as possible to get the best picture of your child's current circumstances so that we can be most effective with our programming . As mentioned earlier, if there appears to be a mismatch in your child's needs and our services, we will be happy to assist you in seeking a professional who can support you and your child's goals.

\_\_\_\_\_ Please initial here confirming that the information in this packet is true and accurate to the best of your knowledge and you understand we may or may not begin working together based on the information found herein.

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_  
Today's Date