

Lori Coda. LLC
Neurofeedback/QeeG Practitioner



107 Romanock Road, Fairfield

loricoda@gmail.com

203 414-0834

3 Hollyhock Lane, Wilton

www.loricoda.com

THE SOCIAL-SHACK INTAKE FORM

Date _____

Name _____ DOB _____

Address _____

City/state/zip _____

Home phone _____ Cell Phone _____

Email _____

Name of parents/guardians if child is a minor:

1. Name _____

Address _____

City/state/zip _____

Home phone _____ Cell phone _____

Email _____

2. Name _____

Address _____

City/state/zip _____

Home phone _____ Cell phone _____

Email _____

I am interested in the following services:

Please check:

1:1 Social Coaching _____

Social Skills Groups _____

Independent Life Skills Coaching _____

Please describe your main concerns:

Please describe communication skills:

Please describe yours or your child's ability to communicate:

Describe your or your child's strengths:

Describe your or your child's weaknesses:

Describe your or your child's interests /extra curricular activities:

Do you or your child have a "hot topic" that you always like to talk about ? if so, please explain:

Describe your Social-Skills Goal:

School name _____ **Grade** _____

Please sign _____

(Parent/guardian sign if minor)

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Date _____

Name _____

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CONCERNS

Please circle all that apply:

Self-regulation

Shy

Focus

Uncomfortable in social situations

Managing stress

Avoids social situations

Processing issues

Conversational flow

Communication problems

Lack of social interest

Relatedness

Gets "stuck" on particular topics

Learning challenges

Aggressive

Emotional stability

Rigid

Over-arousal

Difficulty making friends

Racy thoughts

Difficulty Maintaining Friends

Ability to think clearly

Difficulty with picking up social cues

Always "on the go"

Difficulty with perspective taking

Feeling tense

Talking "at" you not "with" you

School/work problems

Lack of social tools

Impulsive behaviors

Sensory Issues

