CentralReach

Completing Intake Packets

1 Visit login.centralreach.com and enter your email address associated with your child's Central Reach account and password.

2 When in the home page, look for the files section. Click on the "History Intake Form" link. *See screenshot #1*

3 After clicking the link, you will need to click the tab at the top "Note/Form" to begin editing the packet. *See screenshot #2*
** Do NOT download the packet until after you complete it.

4 The "Choose a Section" page will open.
Click on the second section "Basic Demographic Information" to begin filling out the intake packet. *See screenshot #3*

5 After completing each section, **click save** at the bottom. *See screenshot #4*
**Do NOT click on Save and Lock. This will disable editing abilities for the next sections.

6 Click "Next" to complete the following sections until the packet is complete.

7 Return to the files tab and click on the "Registration Packet" link. Repeat steps 4-6.

If you have multiple children receiving services at AB Spectrum, you will need additional support to set up multiple logins. Please contact your client experience Specialist for assistance.
(314) 339-7732

Hello, Shelby!

Welcome to your CentralReach.

Activity & Call Log ▾	My Files Added Recently ▾
	~~RESOURCE FILE TITLE~~
	Shelby Bump HISTORY INTAKE FORM 2023

My Messages Recently ▾	My Appointments Upcoming ▾
You had no messages recently	You have no appointments Upcoming.

Registration Packet
Owned by Me

Preview File

Download   Preview

Versions	2 Previous Versions
Created	
Owned by	Me
Modified	
Note Template	
Storage Used	222.26 KB
File ID	1757761032
File Name	Registration Packet 2023 ✏
	Add a description...

CANCEL   SAVE FILE

DASHBOARD
TEAM
MESSAGES
FILES
BILLING
SCHEDULE
TASKS
CLINICAL

Shelby B HISTORY INTAKE FORM

Owned by Me · ID

Preview File

Choose a Section

Header

Basic Demographic Information

Birth History

Developmental History

Medical History

Educational History (skip if not school age)

Current Functional Skills

Behavior / Social History

Feeding Services Questionnaire

Signature

Currently Editing Section.
Basic Demographic Information

Pediatrician's Name | . ✎

Parent / Legal Guardian Information #1:

Name:	. ✎				
Occupation/Title:	. ✎		Work Phone:	. ✎	
Email:	. ✎	Travel for Work?	Yes: ☐ No: ☑	# of hours per week:	1 #

Parent / Legal Guardian Information #2:

Name:	. ✎				
Occupation/Title:	/ ✎		Work Phone:	. ✎	
Email:	Text box ✎	Travel for Work?	Yes: ☐ No: ☑	# of hours per week:	Number #

Save   Save ~~and Lock~~