



INTAKE FORM

(Please Print)

Today's date:		Diagnosis:		Physician Ordering ABA Therapy:	
PATIENT INFORMATION					
Client's last name:		First:	Middle:	Nickname:	
Birth date:	Age:	Sex:			
/ /		<input type="checkbox"/> M <input type="checkbox"/> F			
Street address:			Social Security #:	Home phone #:	
				()	
Apt #:	City:		State:	ZIP Code:	
Cell Phone #:	Email Address:				
()					
Parent/Guardian(s) last name:	Parent/Guardian(s) first name:			Marital status (circle one):	
				Single Married Divorced	
				Separated Widow	
MEDICAID INFORMATION					
<input type="checkbox"/> Check here if coverage is through Medicaid, list the Medicaid ID#: _____ (Skip to In Case of Emergency Section)					
INSURANCE INFORMATION					
Person responsible for bill:	Birth date:	Address (if different):		Home phone #:	
	/ /			()	
Cell Phone #:	Employer:			Employer phone #:	
()				()	
Primary insurance:	Claims Address:		Insurance Phone #:	Coverage Effective Date:	
Subscriber's name:	Subscriber's SSN:	Birth date:	Group #:	Policy #:	Co-payment:
		/ /			\$
Patient's relationship to subscriber:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other	
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone #:	Work phone #:	
			()	()	
<p>The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the provider. I understand that I am financially responsible for any deductible/copay/coinsurance or charges for any non-covered services not paid by my insurance. I also authorize ABA Solutions, Inc. or insurance company to release any information required to process my claims.</p>					
<hr/> <i>Patient/Parent/Guardian Signature or E- Signature</i>				<hr/> <i>Date</i>	

A prescription for the ABA Assessment/Therapy, as well as the Comprehensive Diagnostic Testing documentation from when the child was originally diagnosed, if there is a diagnosis under the Autism Spectrum, must accompany this form.