p. 203-930-0025 [www.behavioranalyticservices.com](http://www.behavioranalyticservices.com)

**New Client Intake Information**

**CLIENT DEMOGRAPHICS**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (MI)

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

Age: \_\_\_\_\_\_ years, \_\_\_\_\_\_ months

Current diagnosis (es): Autism Spectrum Disorder (ASD) Asperger’s syndrome PDD-NOS

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of diagnosis: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ Age of diagnosis: \_\_\_\_\_\_ years, \_\_\_\_\_\_ months

Diagnosed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS AND/OR GUARDIANS**

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best number to reach: Home / Work / Cell Best number to reach: Home / Work / Cell

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE**

**Primary:**

Subscriber’s name: DOB of subscriber:

Subscriber’s employer: Carrier:

Group #: ID #:

Phone #: Fax #:

Claims address:

**Secondary:**

Subscriber’s name: DOB of subscriber:

Subscriber’s employer: Carrier:

Group #: ID #:

Phone #: Fax #:

Claims address:

Reason for Request of Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the schedule to indicate your child’s availability for ABA services.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

*All information provided will remain confidential and will be used solely for the intended purposes of requesting ABA services. Behavior Analytic Services of Connecticut, LLC will not use or share any information without your written consent.*