

New Client Paperwork

Directions: Please fill out this intake packet with as much accuracy as possible. All responses to the questions contained within this packet will remain confidential. Please email completed forms to info@centralbehavior.com or fax to 407-329-4180.

Section I: Basic Information

Client Name: _____ Age: _____

Client DOB: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Is this the child's primary residence? Yes No

Parent/Guardian Information

Parent/Guardian Name: _____

Phone: _____ Email: _____

2nd Parent/Guardian Name: _____

2nd Parent Phone: _____ 2nd Parent Email: _____

Section II: Insurance/Medicaid Information

Name of Insurance Provider _____

Insurance or Medicaid ID #: _____ Group# _____

Diagnosis: _____

The name of the doctor who initially diagnosed your child: _____

Date of Initial Diagnosis: _____

Is child covered under more than one insurance policy? Yes No

How did you hear about us? _____



I consent to Behavior Central Solutions, Inc. using and/or disclosing my protected health information (PHI) for the treatment, payment and health care operations purposes only.

Name

Signature

Date

****Please include a copy of the following items:**

- Your child's Insurance Card (both front & back).
- Copy of diagnostic report from your child's doctor
- Copy of referral for ABA services

MEDICAID RECIPIENTS:

Please be aware that additional documents are now required for Medicaid recipients. This includes a Doctor's Referral or Script for ABA and a diagnostic report. If you do not currently have these documents, you can obtain them directly from the doctor and fax to us at 407-329-4180, or email to info@centralbehavior.com. Alternatively, we can attempt to obtain them from the child's doctor, which may result in slightly longer processing times. Please let us know if you would like this option, as we will have you complete a records release.