GLOBAL
BEHAVIORAL SOLUTIONS

Enter Document Name Here

Client Information

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Gender _____

Referred By:

Has the client received ABA services in the past year? Yes _____ No _____

Parent/Guardian Information

First Name _____ Middle Initial _____ Last Name _____

Relationship _____ Primary Language _____

Date of Birth _____ Email _____

Street Address _____

City _____ Zip _____State _____ County _____

Primary Phone _____ Marital Status _____

Educational Information:

School Name: _____ Grade: _____

General Education Classroom _____ Cluster Classroom _____

Does the client have an active IEP? Yes _____ No _____

*Please include any supplemental information and documents that may be useful to help us get a more complete history of your child's behavior and skills. Some suggested documents that may be useful are Individualized Education Plan (IEP) and past therapy assessment and notes.

Medical Information:

Diagnosis & Code _____

Diagnosing Physician _____ Date of Diagnosis _____

Enter Document Name Here

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Availability

Check all that apply: Home _____ School _____ Other _____

Day	AM	PM	Note(s)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Payment Source

Medicaid _____ Private Pay _____

Initial Consent to Services Yes _____ No _____

By selecting "Yes" (and providing your signature below) you are ensuring you are the legal guardian and have the authority to make decisions and provide consent for the client that is applying for services. In addition, you are giving Global Behavior Solutions permission to:

- Directly request comprehensive diagnostic evaluations and referral documentation from health care providers and school personnel
- Begin the assessment and behavior plan development process.
- To use or disclose your protected health information (PHI) for treatment, payment, and health care operations purpose.

_____ _____

Parent/Caregiver Signature Date

** Please email diagnosis documents and front and back images of insurance card(s) to

info@globalbxsolutions.com

Subject line format: (client initials) Intake i.e., Jane Doe - JD Intake