



POSITIVE STEPS

APPLIED BEHAVIOR ANALYSIS

Client Registration Form

Client Information:

Last Name:	First Name:	Middle Name:
Client SS#:	Client DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Apt#:
City:	State:	Zip Code:
Home#:	Cell#:	Email:
Requested Service: Applied Behavior Analysis (ABA)		
Service Location:		
Diagnosis:	Diagnosis Code (If Known):	
Name of School:	Grade:	

Parent/Guardian Information:

Mothers Last Name:	Mothers First Name:
Mothers SS#:	Mothers DOB:
Mothers Address:	Apt#:
City:	State:
Home#:	Cell#:
Email:	
Is it ok to leave a voice message on your home or cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation:	Employer:

Fathers Last Name:	Fathers First Name:
Fathers SS#:	Fathers DOB:
Fathers Address:	Apt#:
City:	State:
Home#:	Cell#:
Email:	
Is it ok to leave a voice message on your home or cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation:	Employer:



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Insurance Information

Please make sure to thoroughly and accurately complete the below insurance information fields. If your child has Medicaid, we will need the Medicaid ID number and the Gold Card number.

Medicaid Insurance Policy

Name of Insurance:
Medicaid ID#:
Gold Card#:

Primary Insurance Policy (United Healthcare, Cigna, Aetna, Humana–Tricare East, etc.)

Please make sure to thoroughly and accurately complete the below insurance information fields. Do not complete this section if the client has a Medicaid insurance plan.

Name of Insurance:
Member ID#:
Group#:
Policy Holder's Name:
Policy Holder's DOB:
Policy Holder's Employer:

Secondary Insurance Policy (United Healthcare, Cigna, Aetna, Humana–Tricare East, etc.)

Please make sure to thoroughly and accurately complete the below insurance information fields only if you have a secondary insurance policy. Do not complete this section if the client has a Medicaid insurance plan.

Name of Insurance:
Member ID#:
Group#:
Policy Holder's Name:
Policy Holder's DOB:
Policy Holder's Employer: