NEW CLIENT INQUIRY FORMS



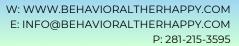
"WE TURN THERAPY INTO PLAY AND SMILES INTO PROGRESS".

W: WWW.BEHAVIORALTHERHAPPY.COM E: INFO@BEHAVIORALTHERHAPPY.COM P: 281-215-3595

Please complete as many fields below as possible. Once submitted, our Clinical Director will reach out with next steps. Thank you so much for your time. We look forward to speaking with you!

1 Personal Details					
Child's Name: (First, Middle, Last)	Child's Date of Birth	Gender			
Address 1	City	State	Zip Code		
Address 2	County	Country			
Guardian Name:	Cell Phone:				
Primary Email:		Home Phone:			
Secondary Email:		Service Interest: ☐ ABA Therapy			
Does your child have a current and valid Autism Diagnosis: ☐ Yes ☐ No					
Diagnosing Provider:					
Date of Diagnosis:					
2 Service Location/Time Availability					
,					
Where would you like services to take place (Please check all that apply): ☐ Home ☐ School ☐ Clinic ☐ Other (Please Specify):					
What is your child's availability for therapy:					

New Client Inquiry Forms Page 1 of 2





3 Insurance			
Primary Funding Source:	Secondary Funding Source:		
Primary Insurance Member ID:	Primary Insurance Subscriber Full Name:		
Primary Insurance Subscriber DOB:			
Is your current insurance coverage provided through Cobra? ☐ Yes ☐ No keep your previous employer-sponsered insurance			
Referral source:			
How did you hear about us (Please check all that apply): ☐ Diagnosing Provider ☐ Pediatrician ☐ Internet Search	☐ Family/Friend	☐ Social Media	☐ Paraprofessional
4 Additional Programs			
Is your child in daycare/school program?	□Yes	□No	
If yes, list program days/times:			
Anything else you'd like us to know:			
5 Files			
Front of Insurance Card			
Attach Card			
Back of Insurance Card			
Attach Card			
Full Diagnostic Evaluation			
Attach File			

New Client Inquiry Forms Page 2 of 2