ABA Intake Form

A complete intake packet template covering the seven sections every ABA practice needs. Free to adapt — have your compliance reviewer confirm consent language for your state and payers.

1 · CLIENT INFORMATION

Child's legal name _____ **Date of birth** _____

Address _____

Primary language _____ **School / daycare** _____

2 · PARENT / GUARDIAN & CONTACTS

Parent/guardian name _____ **Relationship** _____

Phone _____ **Email** _____

Preferred contact method & times _____

Emergency contact (name & phone) _____

3 · INSURANCE & FUNDING

Insurance carrier _____ **Plan type** _____

Member ID _____ **Group ID** _____

Subscriber name & DOB _____

Secondary coverage (if any) _____

Attach a photo or copy of the front and back of the insurance card.

4 · DIAGNOSIS & CLINICAL HISTORY

Diagnosis _____ **Date of diagnosis** _____

Diagnosing provider / clinic _____

Current & past therapies (ABA, OT, speech…) _____

Medications _____ **Relevant medical conditions** _____

Attach the diagnostic report. If unavailable, complete a release of information so records can be requested.

5 · GOALS & CONCERNS

What would you most like help with? _____

_____

Behaviors of concern / safety issues _____

Skills you'd like your child to build _____

6 · AVAILABILITY & LOGISTICS

Days & times available _____

Preferred setting (home / center / school) _____ **Transportation constraints** _____

7 · CONSENTS & POLICIES

- ☐ **Consent to treat** — I authorize the practice to provide ABA services to my child.
- ☐ **HIPAA acknowledgment** — I have received / been offered the Notice of Privacy Practices.
- ☐ **Release of information** — I authorize records requests from the providers listed above.
- ☐ **Financial & cancellation policy** — I have read and agree to the practice's policies.

Parent/guardian signature _____ **Date** _____