IRIS BEHAVIORAL HEALTH SERVICES

REQUEST FOR INTAKE FOR ABA SERVICES

PATIENT DEMOGRAPHICS

Patient Name:

Patient DOB:

Age:

Sex/Gender:

Primary Diagnosis:

Date of Diagnosis:

Diagnosing Physician/ Credentials:

Other Diagnoses:

Medications/ Allergies:

Primary Pediatrician:

Primary Insurance:

Secondary Insurance:

Name of Insured:

DoB of Insured:

Policy Holder/Guarantor Name:

Policy Holder DOB:

Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Relation:	Relation:
Email:	Email:
Phone:	Phone:
Address:	Address:

How did you hear about us?

Availability for services:

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

IRIS BEHAVIORAL HEALTH SERVICES

Primary Language in the Home?

History of Other Services:

☐ ABA ☐ Speech ☐ OT ☐ PT ☐ Other

School/ Daycare: Hours of attendance:

Desired Location of Services:

☐ Home ☐ Community ☐ School/Daycare ☐ Other

Preferred Schedule:

☐ Morning (before noon) ☐ Mid-Day (12-3) ☐ After School (3-6:30)
☐ Weekends (Sat/Sun)

Siblings or Other Family Members in the Home:

PATIENT CONCERNS

Communication, Social/ Play, behavior excesses, daily living skills, relevant family/personal history, history of abuse/neglect, late diagnosis, etc.