



## Client Intake Form

### Critical Information

Child's First/Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Contact First/Last Name: \_\_\_\_\_

Secondary Contact First/Last Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Services Needed *(circle all that apply)*: **Habilitation** | **Respite** | **ABA**

### In case of emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

### Days & Times services are needed?:

Service (HAH/RSP/ABA)	Days (Mon - Sun)	Times



# AACT ARIZONA

Advanced Autism Center for Treatment

AHCCCS ID Number *(required)* : \_\_\_\_\_

DDD Coordinator Name: \_\_\_\_\_

DDD Coordinator Email: \_\_\_\_\_

**Health and Medical Information**

Primary Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

\_\_\_\_\_

Communication Level *(circle all that apply)*:

Complex Sentences	Simple Sentences	Nods Yes/No	Gestures
-------------------	------------------	-------------	----------

Developmental Concerns:

\_\_\_\_\_

\_\_\_\_\_

Allergies to *(Circle all that apply)*: Food Medication Bee Stings Other: \_\_\_\_\_

Child's school: \_\_\_\_\_

Child's current services:

Therapy	Location/Agency



# AACT ARIZONA

Advanced Autism Center for Treatment

**Insurance (if applicable)(ALTCS):**

Primary Policy Holder Name: \_\_\_\_\_

Primary Policy Holder DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number (ID Number): \_\_\_\_\_

Policy Group Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**I Understand and consent to the following:**

I provide consent for AACT to bill my insurance and I acknowledge there will a responsibility to pay should there be no coverage

I understand AACT can share information and discuss this case with Therapists, Medical Doctors and other authorized individuals in order to treat the client

I understand I have the Right to refuse treatment at anytime.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_