



CLIENT INTAKE FORM

This form is to be completed by the Parent/Guardian/Caregiver/Case Manager of a prospective client of KORA Analysis, LLC prior to an initial consultation visit.

CLIENT INFORMATION

Full Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to say
Preferred Pronoun	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other _____
Date of Birth	
Primary Home Address	
SSN	
School Grade, if applicable	

FAMILY INFORMATION

Individual #1 Full Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to say
Preferred Pronoun	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other _____
Preferred Phone Number	
Primary Home Address	
Email Address	
Relationship to Client	

Individual #2 Full Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to say
Preferred Pronoun	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other _____
Preferred Phone Number	
Primary Home Address	



Email Address	
Relationship to Client	

INSURANCE INFORMATION

Please provide a copy of insurance card at the start of services.

My insurance covers	<input type="checkbox"/> ABA therapy <input type="checkbox"/> Does not cover ABA therapy <input type="checkbox"/> Therapeutic Consultation <input type="checkbox"/> I do not know if I have coverage
Insurance Carrier	
Name of Policy Holder	
SSN of Policy Holder	
DOB of Policy Holder	
Address of Policy Holder	
Member ID #	
Group #	
Medicaid #	
DD Waiver Subcategory	<input type="checkbox"/> Community Living Waiver <input type="checkbox"/> Family & Individual Supports Waiver

Need for Services

Check all that apply:

- Physical aggression to others
- Physical aggression to self
- Property destruction
- Elopement
- Self-care skills need
- Communication skills need
- Other: _____



SERVICE AVAILABILITY

Client and/or Caregivers are available for services at the following times (approximately):

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

DEVELOPMENTAL/MEDICAL HISTORY

Diagnosis	At Age

Toilet Trained: YES NO If no, assistance required: _____

If no but previously attempted, please describe efforts:

Medications:

Current - No Medications at this time

Name	Dosage	Administration Times	Used For



Historical - No previous medications

Name	Dosage	Administration Times	Used For

TREATMENT HISTORY:

Service Provided	Begin/End Dates	Reason for Discontinuation

Has the client ever been admitted to a hospital/treatment center for psychiatric, behavioral, or crisis situations?

Yes No If yes, please explain treatment and results.

Are there any medical conditions that need to be considered when delivering behavioral treatment?

Yes No If yes, please explain.



SCHOOL/PROGRAM INFORMATION

Does the client attend school or a day placement program? Yes No

School/Program Name	
Contact Name	
Telephone	
Email	
Hours/Days in Attendance	
IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy provided
Can services be provided at this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT GOALS/CONCERNS

Behavioral:

Academic:

Social:

Other:



K O R A Analysis, Inc.
ABA Consultation + Treatment

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(fax) 888-548-0846
www.aba-consult.com

I hereby acknowledge that the information contained in this application is accurate in all respects.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

OR

Support Coordinator Printed Name

Date

Support Coordinator Signature

Thank you for expressing interest in receiving behavior services from KORA Analysis - we will be in touch to let you know of our current availability!

Please email this form to: kristin@aba-consult.com

Or fax to: 888-548-0846