

Consumer Information Form

Date completed: _____

Consumer Demographics (Please Print)

Last Name:		Gender (Circle one): Male Female	
First Name:		SSN: _____ - ____ - _____	
Middle Name:		Race:	
Age:	DOB: ____/____/____	Ethnicity:	Primary Language:
Address: _____ Street address Apt/Suite/Unit			
County:		City:	
State:		Zip:	

Parent/Guardian Information (Please Print)

Mother's Name:	Father's Name:
First Name:	First Name:
Email address:	Email address:
Contact #: (____) ____ - ____	Contact #: (____) ____ - ____
Occupation:	Occupation:
Employer:	Employer:
Address (if different from above): _____ _____	Address (if different from above): _____ _____
Biological Parents Marital Status (circle one): Separated	☐ Married ☐ Single ☐ Divorced

Family Structure (Please Print)

Name	Relationship	Age	Other Information

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Insurance Information (Please Print)	
Policy Company:	Group Employer:
Policy Holder:	Policy Holder SSN:
Policy Holder DOB:	Policy #:
Other Services Received:	

Consumer Medical Information (Please Print)	
Primary Care Physician:	Phone #: (____) ____ - ____
Current Diagnosis	
Special Diets/Allergies	
Other Medical Concerns	

Current Medications (Please Print)		
Medication	Dosage	Reason

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Education Information (Please Print)

Name of School:	Grade:
Retained (Circle one): Yes No	If yes, what grade?
Current Placement (Circle one): General Ed Inclusion Self-Contained Classroom	
Is there a current Behavioral Intervention in at school (Circle one): No Yes	Previously

Skill Information (Please Print)

Issues/Concerns	
Communication	
Social Interactions	
Self-Care	
Academic	

Requested Location of Services (Please check all that apply)

☐ In-center ☐ In-home ☐ In community ☐ In school

Consumer Availability for ABA Services (Please check all that apply)

Time Range	Mon	Tues	Wed	Thurs	Fri	Weekends
8am-12pm						
12pm-3pm						

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3pm-6pm						
6pm-9pm						

Note: A parent/guardian must be present during in-home and in community sessions if consumer is under the age of 18 and/or older if consumer is adjudicated incompetent

Additional Comments

**Please attach/provide any important documents relating to the consumer and their behavioral health (most recent Individualized Education Plan, School-Based Behavior Intervention Plans and/or previous interventions used in the home, etc.)*