

# Client Registration



Client Name (Last, First)		Date of Birth	
Primary Language in the Home	Primary Mode of Communication		Age
Address		City, State, Zip	
Lives with		Contact Person	
Diagnosis		Who Diagnosed	
Date of Diagnosis	Funding Type		
Guardian Information			
Guardian Name		Relationship	
Address		City, State, Zip	
Phone Number	Email		
Guardian Name		Relationship	
Address		City, State, Zip	
Phone Number	Email		
Communication Preference			
Educational Information			
School or Day Treatment Name		Type of Placement	
Primary Insurance Information			
Primary Insurance Company	Subscriber's Name		Date of Birth
Address		City, State, Zip	
Group#	Member Policy #	Effective Date	Relationship to Client
Secondary Insurance Information			

Secondary Insurance Company		Subscriber's Name		Date of Birth	
Address			City, State, Zip		
Group#	Member Policy #	Effective Date		Relationship to Client	
Emergency Contact					
Emergency Contact Name (Last, First)				Relationship to Client	
Primary Phone Number			Secondary Phone Number		
I certify that the information provided by me is correct	Authorization to Release Information				
	I authorize PRECISION ABA, LLC. to release to my insurance carrier or its designated agents any information concerning medical care, advice, treatment, or supplies provided to me for the purpose of administration, review, investigation, or evaluation of claim coverage and utilization of services. I authorize that a copy of this information to be as valid as the original. I will notify PRECISION ABA in writing of any information I do not want released.				
	Signature			Date	
Assignment of Benefits					
I authorize the assignment of benefits payable to PRECISION ABA and/or its designee for services and supplies. I understand that I will be held responsible for payment of all co-payments, co-insurance, deductibles and non-covered services.					
Authorization of Additional Fees					
In the event of any lawsuit of action is brought to collect this account or any portion thereof, parent or guardian will be responsible for any and all costs, not limited to attorney's fees, court costs, collection fees, interest and any additional cost that this action may incur.					
Authorization for Treatment					
Precision ABA's team is not responsible for administering any emergency or medical interventions including first aid for your child when sessions occur in the presence of a parent or responsible adult. If a situation arises, the responsible adult in the home will be alerted to take action.					
If your child's sessions are taking place in our center, a person trained in first aid and medical interventions will take action on your child's needs. If a situation arises that required more than basic first aid, an ambulance will be called and the emergency contact will be alerted immediately.					
Signature				Date	



Reason for referral

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Areas of Strength

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Areas of Difficulty

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Likes

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Goals

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