LET'S GET STARTED FORM

YOUR CHILD:

Child's Full Name:	Date of Birth:	Sex: M F
Who may we thank for the referral?:		
Reason(s) you are seeking services: ❏ Developmental Evaluation (autism evaluation) ❏ Applied Behavior Analysis (ABA) ❏ Speech Therapy ❏ Occupational Therapy ❏ Other:		
Briefly describe your current concerns and/or needs regarding your child(ren):		
Medical or Mental Health Conditions and Alerts: 1. 2. 3.		
Behavioral Concerns and Alerts: ❏ Hurts others (explain): ❏ Hurts self (explain): ❏ Hurts or damages things (explain): ❏ Other:		

YOUR FAMILY:

My child is adopted ❏ Yes ❏ No	Parents are ❏ Married ❏ Separated ❏ Divorced ❏ Remarried	If parents are divorced, custody is: ❏ With mother ❏ With father ❏ Other: ❏ Joint/Shared (explain):

Parent #1 Full Name:		
Mobile Ph:	Home Ph:	Work Ph:
Address:		
Email Address(es):		Primary Contact: Y N

Parent #2 Full Name:		
Mobile Ph:	Home Ph:	Work Ph:
Address:		
Email Address(es):		Primary Contact: Y N

Sibling #1 Full Name:	Sex: M F
Date of Birth:	Developmental, behavioral, or mental health conditions: No Yes (explain):

Sibling #2 Full Name:	
Date of Birth:	Developmental, behavioral, or mental health conditions: No Yes (explain):

Sibling #3 Full Name:	
Date of Birth:	Developmental, behavioral, or mental health conditions: No Yes (explain):

YOUR PAYMENT INFORMATION:

I plan to pay for services:

- ❏ Private Pay (cash, check, credit/debit card, Health Savings Account, Flex Spending Account). You may skip to the next section below :)
- ❏ Health Insurance Plan (please complete information below)

Insurance Company Name:		Member ID #:
Group #:	Policy Holder's Name:	
Policy Holder's Address:		
Policy Holder's DOB:	Member Services Phone: Provider Services Phone:	

I give permission to Autism From The Start® to use my (and my child's) personal health information to obtain details on my insurance coverage.

Signature of Parent/Guardian:

Date:

WHAT'S NEXT:

1. Please email this form **AND A PHOTO or COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD** (if using insurance as payment) to our office manager, Lizzie Kaman, at office@autismfromthestart.com.
2. Lizzie will then check your insurance benefits and email you a summary of those benefits.
3. Dr. Michelle, our director, will then follow up with you via email and/or a phone call to review your benefits and discuss our ability to meet your needs. If we are a good match for your child, you and Dr. Michelle will schedule a time for you to tour the Autism From The Start® Children's House.
4. If you have any questions along the way, don't hesitate to reach out! Phone: 913.608.7435

Thank you and we are very excited to have the opportunity to work with you!!

~The Autism From The Start® Team