**Sample Inquiry Form**

**Parent/Guardian Information:**  Date: \_1/1/17\_\_

Mother: \_\_\_Mary Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father:\_\_\_John Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Phone #:\_\_(888) 000-1111\_\_\_ Father's Phone #:\_\_(888) 000-2222\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_marysmith@gmail.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_123 Happy Lane, Lakeland Fl\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have an autism diagnosis? Yes No

Doctor's Name:\_\_\_Harry Smith\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information:**

Insurance Provider:\_\_BCBS, CIGNA, AETNA, CMS, Medicaid, United Healthcare

**Client Information:**

Client's Name: \_\_\_Sam Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_2/5/13\_\_\_\_\_\_\_\_

Does he/she attend school? Yes No Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does he/she receive: Speech Occupational therapy Other therapy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problematic Behaviors: \_\_tantrums, refusals, self harm, no eye contact, aggression, toe walking, trouble communicating needs and wants

Communication: Vocal Pictures Gestures Leads Non-vocal