



Telephone Number: (323) 388-9982  
Fax Number: (323) 592-3779  
Email: [info@hiddentreasuresaba.com](mailto:info@hiddentreasuresaba.com)

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Sex: (Circle) M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

After School/ Weekend Hours Available for ABA Services: \_\_\_\_\_

**Insurance Information:** Please attach a copy of Insurance Card (**front and back**)

Primary Insurance: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

Name of Insured / Policy Holder: \_\_\_\_\_

Relationship to Patient: (Circle) Parent Self Spouse

Policy Holder Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach copy of child's diagnosis with recommendation for ABA.

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

