

Client Full Name

Client Preferred Name (if applicable)

Client Date of Birth

Race/Ethnicity

Language Spoken in Household

Gender

Primary Email Address

Primary Phone Number

Secondary Phone Number (if applicable)

Home/Mailing Address

City

State

What is your US Zip Code?

What type of insurance does client have?

Please include a picture of insurance card with completed form.

Family Information (If Applicable)

Primary Parent/Caregiver Full Name

Relationship to Client

Email Address

Occupation

Secondary Parent/Caregiver Full Name (if applicable)

Relationship to Client

Email Address

Occupation

Presenting Concerns

Why are you seeking services at this time?

What services are you seeking? Please select all that apply.

What services is client currently receiving? Please list all that apply.

Has client previously been assessed?

Where was client assessed?

When was client assessed?

Has client previously received any diagnoses? Please list all that apply.

Do you have any other questions or concerns?

Please email or print completed form and return to autismclinic@ua.edu or mail to

Autism Spectrum Disorders Clinic

The University of Alabama

Box 870161

Tuscaloosa, AL 35487-0161