TO STEPS SUCCESS CONSULTANTS

183 Bedford Street
Lexington, MA 02420
(781) 674-0000

Appointment Request Intake Form

Child's Name: _____

Today's Date: Date of Birth: Age: _____

Name of Parent(s): _____

Parent Phone: (_____) _____ - _____ Secondary Phone: (_____) _____ - _____

Parent Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Health Insurance Provider :

- ☐ United Healthcare
- ☐ Tricare
- ☐ Harvard Pilgrim
- ☐ Blue Cross Blue Shield (MA)
- ☐ Optum
- ☐ Blue Cross Blue Shield (Out of State)
- ☐ Other (Please Specify): _____

Diagnoses:

- ☐ Autism Spectrum Disorder
- ☐ Other (Please Specify): _____

Current School: _____

Current Services:

- ☐ OT
- ☐ PT
- ☐ Speech
- ☐ ABA

Primary Reason for Seeking Services: _____

Looking For:

- ☐ Home Services
- ☐ Clinic Services
- ☐ Social Groups

Availability for Sessions:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	