



**WESTON**  
1495 North Park Drive  
Weston, FL 33326

**CORAL SPRINGS**  
1750 N. University Drive  
Suites 105-107-109  
Coral Springs, FL 33071

**BOCA RATON**  
5970 SW 18th Street  
Suites E6-E7  
Boca Raton, FL 33433

**PEMBROKE PINES**  
1311-1321 N. Palm Avenue  
Pembroke Pines, FL 33026

Phone: (954) 356 2878 • Fax: (954) 241 6726 • Email: [info@therapies4kids.com](mailto:info@therapies4kids.com) • Website: [www.t4k.com](http://www.t4k.com)

## NEW CLIENT ELIGIBILITY FORM

Initial Client and Insurance Information Form.

### CLIENT INFORMATION

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

D.O.B: \_\_\_ / \_\_\_ / \_\_\_\_\_ Gender:  M  F

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Availability:  Morning, before 12pm  Mid-day, 10am - 2pm  Afternoon, after 2pm  Afternoon, after 4pm

Notes regarding availability: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Physician Phone Number: \_\_\_\_\_

What services do you seek from us?  PT  OT  Speech  ABA  Chiro  Psych

### PARENT / CARE GIVER INFORMATION

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

D.O.B: \_\_\_ / \_\_\_ / \_\_\_\_\_ Gender:  M  F

Relationship to Client: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

How Did You Hear About Us? \_\_\_\_\_

# Therapies



Exceptional Care For Exceptional Children

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## PAYMENT / INSURANCE INFORMATION

Primary Insurance Company: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Subscriber D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## FILES

Front of Insurance Card: .....

Back of Insurance Card: .....

Autism Diagnosis Report: .....  
(ADOS Evaluation, CARS Evaluation, or Other Assessment)

Doctor Referral: .....  
(or prescription for ABA)

IEP: .....  
(if applicable)

**Thank You!**

We are looking forward to meeting you!

**Therapies 4 Kids Staff**

Office Use

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Received by: \_\_\_\_\_ Record #: \_\_\_\_\_