



**Hello and thank you for your interest in ABA services with Flutterflies! If could please take some time to complete the document below, we can go ahead and request an initial assessment for services. Approval can take up to 2-4 weeks, therefore, your patience is greatly appreciated! Should any questions arise please feel reach to contact us at [Flutterfliesllc@gmail.com](mailto:Flutterfliesllc@gmail.com) or text (407) 490-2986.**

<b>Consumer's Full Name:</b>	
<b>Consumer's Date of Birth:</b>	

<b>Parent/Legal Guardian Full Names:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Home Address:</b>	

<b>Primary Diagnosis (ICD):</b>	
<b>Date of Diagnosis:</b>	
<b>Diagnosing Physician Name &amp; Credentials:</b>	

<b>Primary Insurance:</b>	
<b>Insurance ID number:</b>	
<b>Secondary Insurance:</b>	
<b>Insurance ID number:</b>	