

Aetna Intake Form

These are additional questions that Aetna will ask when we request precertification of and ABA evaluation. Please answer the questions to the best of your knowledge.

Does your child display any of the following behaviors?

- | | |
|--|--|
| <input type="checkbox"/> Self-injurious behavior | <input type="checkbox"/> Poor social skills |
| <input type="checkbox"/> Destructive behavior | <input type="checkbox"/> Poor general developmental skills (ex: imitation, identifying objects, sharing) |
| <input type="checkbox"/> Aggressive behavior | <input type="checkbox"/> Self-Stimulatory Behavior |
| <input type="checkbox"/> Elopement | <input type="checkbox"/> Verbal outbursts |
| <input type="checkbox"/> Poor communication skills | <input type="checkbox"/> Tantrum behavior |

How was the diagnosis of autism made? (Include when and where it was made and any tests that were administered if known.)

Does your child take any medications related to his/her diagnosis?

What current or previous (within the last 6 months) treatments have you tried – including occupational and speech therapy? What were the outcomes?

Who referred you for ABA service (include credentials)

Information Provided by:

Relationship to patient:

Signature:

Date: