



Intake form via website

To Whom it May Concern

Thank you for your application for care at ABA Center International (*aka ACI*). We ask you kindly to fill in the intake form below. Please send relevant reports and diagnostic information to: admin@abacenterinternational.com. We will contact you in order to plan an intake.

Thank you in advance.

General Information	
Date	
Filled in by:	
Personal information	
Name	
Last Name	
Birthdate	
Birthplace	
Address and Postal code	
City	
Details parents / caretakers	
Name mother	
Parental authority yes/no	
Address	
Telephone number	
E-mail address	
Name father	
Parental authority yes/no	
Address	
Telephone number	
E-mail address	
Telephone number	
Aanmelding	
Reason for applying for care at ACI	
Other information and comments	



Parenttraining

Do you, as parents, have the opportunity to participate in the sessions every time as Parent training. (This is a mandatory part of the treatment)

☐ Yes

☐ No

Checklist (to be filled in by ABA Center International)

Information packet	Yes / No
ID check	Yes / No
Report/diagnosis	Yes / No
Case discussed with:	
Referral to another organisation	Yes / No

Our administration will contact you no later than 1 week after receipt of the application.