



Inquiry Form

See If We're a Good Fit!

Thank you for your interest in Autism180 to help you meet the needs of your child! Please note that although this does not guarantee enrollment, this is the first step. With the information below, we can see if our services and availability will be a good fit based on your child's needs, insurance, and schedule. We will contact you within a couple of business days to discuss. We look forward to connecting with you!

Contact Information

Phone: 704-441-8715 • Fax: 704-253-8070 • www.autism-180.com

Email: info@autism-180.com

5960 Fairview Road, Suite 300, Charlotte, NC 28210

Client Information

Child's First Name

Child's Last Name

Child's Date of Birth

Primary Caregiver Information

Primary Caregiver First Name

Primary Caregiver Last Name

Phone

Email

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afterschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance Carrier

Please Email/Fax the front and back of Insurance Card.

Insurance Provider

Insurance ID

Provider Phone Number on Insurance Card

Does your child have an Autism Spectrum Disorder (ASD) diagnosis?

Yes

No

Reason for Inquiry

Current Behavioral Concerns (select all that apply):

- Aggression to self (SIB)
- Aggression to others
- Inflexible routines
- Self-stimulatory behaviors
- Property destruction
- Other behaviors that interfere with your child's daily routines

Current Needed Support with Activities of Daily Living (select all that apply):

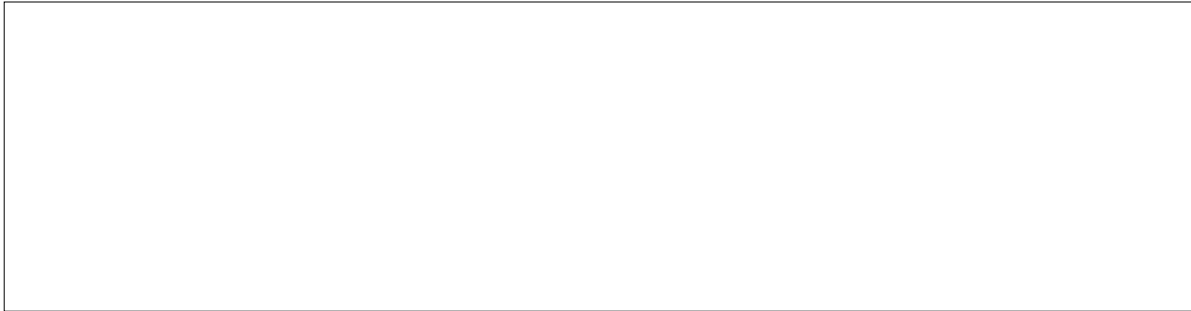
- Bathing
- Dressing
- Toileting
- Feeding
- Morning Routines
- Bedtime Routines

How does your child express his/her needs (i.e., vocal, gesture, cry)?

How does your child respond to requests?

How did you hear about us?

Any other questions or information you have for us?



IMPORTANT: Before we can verify your coverage with your insurance company, we need a copy of the front and back of your insurance card. Please send a picture of both sides and submit via this form or to info@autism-180.com. If you require assistance, please call us at 704-441-8715 or email us.

Privacy Disclaimer: Autism180 will never sell your information to any third party person we are committed to protecting your personal information and your right to privacy.