



Lissa D. Hoprich, MA, BCBA, LBA
Ph: (540) 588-9582
Fax: (540) 380-8155
abcsofaba@gmail.com
1418 Waldheim Rd | Salem, VA 24153

Date of Intake: _____ Referring Agency/Name: _____

Client Name: _____ Gender: Male Female

Race: _____ Age: _____ DOB: _____

Diagnosis Code: _____ Client's Legal Status: _____

Parent/ Guardian Name(s): _____

Address: _____

Email: _____ Phone: (Home) _____ (Cell): _____

Ok to Leave a Message? Yes No

School: _____

Insurance Information:

Medicaid: _____ Medicaid Number: _____

Waiver: _____ Type of Waiver: _____

Private Insurance: _____ Insurance Co: _____ Number: _____

Presenting Problems/Behaviors/Communication Deficits/Delays:

The Following Section is to be completed by ABC's of Applied Behavior Analysis, Inc.:

Disposition of Client:

- Admitted to Services Placed on Waiting List Referral to Other Services

Signature/Credentials of Staff

Date