Sunny Days Sunshine Center, Inc.

INTAKE PACKET

Directions: Please fill out this intake packet in its **entirety**. Once completed, please email to intake@sdsunshinecenter.com or fax to 732-761-0305. Please include a copy of your driver's license, the front and back of your insurance card, and a script from your doctor.

Which office are you closest to/want to come to

- ☐ Brick
- ☐ Edison
- ☐ Manalapan

Child's Information

First Name:	
Last Name:	
Gender:	
Date of Birth:	
Address:	
Home phone number:	
Any allergies or dietary restrictions:	
Is the child up to date with vaccinations:	
Pediatrician's name and number	
Referring Physician's name and number	

Please submit this intake form along with the front and back of your insurance card, copy of your license, and a script from your doctor. Please email to intake@sdsunshinecenter.com or fax to 732-761-0305

Sunny Days Sunshine Center, Inc.

Parent/Guardian Information

First Name:	
Last Name:	
Date of Birth:	
Address:	
Home phone number	
Cell number:	
Work number:	
Email:	
Occupation:	
Relationship to child:	

Parent/Guardian Information

First Name:	
Last Name:	
Date of Birth:	
Address:	
Home phone number	
Cell number:	
Work number:	
Email:	

Please submit this intake form along with the front and back of your insurance card, copy of your license, and a script from your doctor. Please email to intake@sdsunshinecenter.com or fax to 732-761-0305

SUNNY DAYS SUNSHINE CENTER, INC.

Occupation:	
Relationship to child:	

Parent Marital Status

Are the parents of this child	**Married**____ **Divorced**____
If divorced are there any special custodial arrangements we need to be aware of? (Example: one parent has full custodial rights; both parents need to be present at evaluation etc.)	

Primary Insurance Information

Name of primary insurance holder:	
Relation to child:	
Policy holder date of birth:	
Employer:	
Employer work number:	
Primary insurance:	
ID number:	
Group number:	
Occupation:	

Please submit this intake form along with the front and back of your insurance card, copy of your license, and a script from your doctor. Please email to intake@sdsunshinecenter.com or fax to 732-761-0305

SUNNY DAYS SUNSHINE CENTER, INC.

Secondary Insurance Information (if applicable)

Name of primary insurance holder:	
Relation to child:	
Policy holder date of birth:	
Employer:	
Employer work number:	
Primary insurance:	
ID number:	
Group number:	
Occupation:	

Diagnosis- please provide proof of diagnosis if the diagnosis is Autism

Please list your child's diagnosis:	
Date diagnosis was first given:	
Doctor's name that first gave you the diagnosis:	

Please submit this intake form along with the front and back of your insurance card, copy of your license, and a script from your doctor. Please email to intake@sdsunshinecenter.com or fax to 732-761-0305

Sunny Days Sunshine Center, Inc.

What services are you looking for (check all that apply)

- ☐ Occupational therapy
- ☐ Speech therapy
- ☐ Feeding therapy
- ☐ Physical therapy
- ☐ ABA/behavioral therapy
- ☐ Social skills groups
- ☐ Counseling

At what age did your child:

Sit:	
Crawl:	
Walk:	
Speak:	

Is your child:

Verbal (if no please explain how they communicate their wants and needs)	
Behavioral (please explain any behavioral concerns)	

Please submit this intake form along with the front and back of your insurance card, copy of your license, and a script from your doctor. Please email to intake@sdsunshinecenter.com or fax to 732-761-0305

SUNNY DAYS SUNSHINE CENTER, INC.

What are the presenting problems that are most concerning to you? Why are you seeking an evaluation?

Any medical issues we need to be made aware of (examples: seizure disorder, cardiac problems, diabetes, musculoskeletal, audiological difficulties, gastroenterological, psycho-social etc.). Please list and describe. If your child does not have any thing please just write N/A.

Please let us know how you heard of us? (select all that apply)

Advertising/Social Media:

- Facebook ☐
- Twitter ☐
- LinkedIn ☐
- TV Commercial ☐
- E-Blast ☐
- Flyer ☐

Referral from doctor ☐ (please specify which doctor) _____

Referral from friend ☐

Internet search ☐

Private insurance ☐

Other ☐

Please submit this intake form along with the front and back of your insurance card, copy of your license, and a script from your doctor. Please email to intake@sdsunshinecenter.com or fax to 732-761-0305