



Heartful ABA
A service with sincere and deep emotions

HEARTFUL ABA SERVICES

Intake & Consent Form

1. Child Information

Child's Full Name

Date of Birth

Address

School Name (if applicable)

Grade

2. Parent / Guardian Information

Parent/Guardian Name(s)

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

3. Medical & Developmental Information

Formal Diagnosis

Allergies

Current Medications

History of seizures? (details)

Hearing or vision concerns

Pregnancy or birth complications

Developmental concerns (speech, motor etc.)

4. Current Services

ABA Services

Yes No

Speech Therapy (SLP)?

Yes No

Occupational Therapy (OT)? Yes No

School IEP / Support Plan? Yes No

If you select any of the above "yes", please describe

5. Strengths

6. Areas of difficulty

7. Noticeable Behavior(s)

- Running away / elopement Task refusal
- Tantrums Hitting Biting
- Throwing objects
- Self-injury
- Other _____

What helps calm your child

8. Parent Goals

Goal 1 _____

Goal 2 _____

Goal 3 _____

9. Assessment & Clinical Oversight

An initial assessment will be conducted by a Board-Certified Behavior Analyst (BCBA). The BCBA will develop and oversee the individualized treatment plan and provide ongoing supervision.

10. Service Fees

- Direct Therapy (including travel time): \$45 per hour
- BCBA Supervision Hours: \$70 per hour
- Missed sessions without 24-hour notice may be subject to payment.

11. How will the services be funded?

- Ontario Autism Program (OAP) Funding
- Private Insurance
- Self-Pay
- Other: _____

➤ If using OAP:

OAP Number: _____

OAP Coordinator (if applicable): _____

➤ If Insurance:

Insurance Provider: _____

Policy Number: _____

Is pre-approval required?

Yes No

12. Professional Statement & Disclaimer

Services provided are behavioral and educational in nature under BCBA supervision. They do not replace services provided by licensed medical or psychological professionals.

13. Data Collection & Confidentiality

Session notes and data will be collected to monitor progress. All personal information remains confidential unless required by law.

14. Additional Information

Please share any additional information about your child that you would like our team to be aware of (preferences, sensitivities, routines, triggers, motivators, or any other important details).

Consent for Services

Parent/Guardian Signature

Date



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For Further Information
Contact

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