

3144 S Winston Ave, Tulsa OK, 74135

Phone: (918) 764-8544 Fax: (888) 910-5088

www.playleaplearn.com

Email: Admin@playleaplearn.com



**LEAP Pediatric Therapy** provides **Applied Behavior Analysis** (ABA) techniques to help children with developmental disabilities, such as autism spectrum disorder (ASD), improve their social, communication, and behavior skills. ABA is a scientific, evidence-based approach to behavior modification that breaks down complex skills into small, teachable steps and reinforces positive behaviors. At LEAP, a trained therapist works one-on-one with a child to develop individualized treatment plans and teach new skills in a structured, consistent, and positive environment.

| CLIENT INFORMATION                |                           |                                    |                          |  |
|-----------------------------------|---------------------------|------------------------------------|--------------------------|--|
| Client Name:                      |                           | Legal Guardian Nar                 | egal Guardian Name:      |  |
|                                   |                           |                                    |                          |  |
| Date of Birth:                    |                           | Legal Guardian Phone:              |                          |  |
|                                   |                           |                                    |                          |  |
| Sex:                              |                           | Legal Guardian Email:              |                          |  |
|                                   |                           |                                    |                          |  |
|                                   |                           |                                    |                          |  |
| DIAGNOSIS AND SERVICE INFORMATION |                           |                                    |                          |  |
| Referring Services:               |                           | Diagnosis and Code:                |                          |  |
| ☐ ABA SERVICES                    |                           |                                    |                          |  |
| Diagnosing Provider:              |                           | Date of Diagnosis:                 |                          |  |
|                                   |                           |                                    |                          |  |
|                                   |                           |                                    |                          |  |
| REFERRAL SOURCE INFORMATION       |                           |                                    |                          |  |
| Name of facility:                 | Referring Physicial Name: | n Referring<br>Physician<br>Phone: | Referring Physician Fax: |  |
|                                   |                           |                                    |                          |  |
|                                   |                           |                                    |                          |  |
|                                   |                           |                                    |                          |  |
|                                   |                           |                                    |                          |  |
| Referring Physician Signature     |                           | Date of Referral                   |                          |  |