



**Austin**  
 2100 Kramer Lane, Suite 150, Austin, TX 78758  
 Phone (512) 572-0157 | Fax (512) 532-6160

**Round Rock**  
 15930 Great Oaks Drive, Bldg B, Round Rock TX 78681  
 Phone (512) 460-1950 | Fax (512) 532-6160  
 info@ActionBehavior.com | www.ActionBehavior.com

## ABA Therapy Referral

### PATIENT INFO

Patient Name:	Date of Birth: ___ / ___ / _____	
Parent/Guardian Name:	Phone 1:	Phone 2:

### DIAGNOSTIC PRACTITIONER INFO

Diagnostic Practitioner Name:	NPI#:
Telephone #:	Fax #:
Contact Name at Office:	Add'l Phone Number:
<p><b>Diagnostic Practitioner Type (1) PCP:</b> Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/></p> <p><b>or (2) Specialized ASD-Diagnosing Providers:</b> Developmental Behavioral Pediatrics <input type="checkbox"/> Neurodevelopmental Pediatrics <input type="checkbox"/></p> <p>Child Neurology <input type="checkbox"/> Adult or Child Psychiatry <input type="checkbox"/> Licensed Clinical Psychology, Doctoral level <input type="checkbox"/></p> <p><input type="checkbox"/> Other, specify: _____</p>	

### DIAGNOSTIC INFORMATION

Primary Dx Code #:	Secondary Dx Code:
Other DX Codes:	
Current IQ: (if known)	Date of Evaluation: ___ / ___ / _____
Assessment Instrument(s), please check/list as appropriate: ADOS ___ ABC ___ CARS ___ M-CHAT ___ CSBS-DP-IT Checklist ___ OSI ___ ASQ ___ AQ ___ AQC ___ CAST ___ ASDS ___ GADS ___ ASDI ___ SRS ___ ADI-R ___ VABS-2 ___ Other: _____	
Comments:	

**I certify after my evaluation, this patient has a diagnosis of Autism Spectrum Disorder (ASD).**

Diagnostic Physician/Specialist Signature : \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**I am recommending ABA services**, certify there is a reasonable expectation that this member can actively participate and demonstrates the capacity to learn and develop generalized skills to assist in his/her independence and functional improvements.

Please Send **This Form** Along with **Diagnostic Assessment Report** and Relevant Patient Information to:

**Fax:** (512) 532-6160    **Email:** Info@ActionBehavior.com

Please call our admin or clinical team at (512) 572-0157 with any questions