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NEW CLIENT REFERRAL FORM

Please fill out this form completely. Referrals will not be accepted with missing information.

REFERRAL SOURCE INFORMATION

Name of individual submitting referral _____

Date

First Name Last Name Agency

Relationship to referred individual **Contact Information**

Relationship Phone Number

Email

IDENTIFYING INFORMATION

Client Name:

First Name Last Name Date of Birth

Street Address Town/City State Zip Code

Parent 1 or Legal Guardian Information:

First Name Last Name
(address if different from above)

Street Address Town/City State Zip Code

Phone Email

Parent 2 or Legal Guardian Information:

First Name Last Name
(address if different from above)

Street Address Town/City State Zip Code

Phone Email

SCHOOL/PROGRAM INFORMATION

Name of School Grade

School Address

Hours Monday-Friday

CLINICAL INFORMATION

Please list all current formal diagnoses and include the name of the physician who provided the diagnosis and the date:	
What are the specific concerns that you would like to see addressed? *(please attach an additional sheet if necessary)*	

If the child currently receives ABA treatment or has received ABA treatment in the past, please fill out the following section.

Please indicate source(s): *(check all that apply)*	Please describe: *(frequency, duration of treatment, type of services, reason(s) for discontinuing treatment etc…)*
☐ **Individualized Education Program (IEP)** *(through school district)* ☐ **Outside Agency:** _____ *(i.e. DDS, DMH, DCF, DESE/DDS initiative)* ☐ **Private/Self-Pay:** ☐ **Other:** _____	Current Provider:

INSURANCE INFORMATION

Subscriber Name: *(name of policy holder)*			
Medical Insurance Provider		Plan Name	
Policy #		Group #	
Coverage for ABA Treatment *(please contact your insurance company to obtain this information)*			

COMMITMENT TO TREATMENT

Why are you seeking services from *PrideStar Center for Applied Learning*? Please explain the level of commitment you are willing to in order for your child to attain the goals set by the treatment team

Signature of person filling out form:

Print Name Signature Date