



Carolina Center for ABA and Autism Treatment

111 Mackenan Drive Cary, NC 27511

Phone: (919) 347-2848 Fax: (919) 467-6777

## Applied Behavior Analysis Referral Form

Please fax the completed referral form to (919) 467-6777 and attention "CCABA Intake Team"

If you have any questions, feel free to contact our Intake Team directly at (919) 342-6037

Patient Information	
Patient's Full Name	
Patient's Date of Birth (mm/dd/yyyy)	
Patient's Street Address	
City/ State/ Zip	
Patient's Phone Number	
Patient's E-Mail Address	
Diagnosis Code (e.g., F 84.0)	
Date of Diagnosis (mm/dd/yyyy)	
Diagnostic Severity Level (Per DSM-5 Diagnostic Criteria)	<input type="radio"/> Level 1: Requiring Support <input type="radio"/> Level 2: Requiring Substantial Support <input type="radio"/> Level 3: Requiring Very Substantial Support
Reason for Referral	

Referring Doctor Information	
Referring Doctor's Name	
Name of Practice	
Provider's Phone Number	
Provider's Fax Number	
Practice Street Address	
City/ State/ NC	
Provider's NPI	
Provider's TID	

Referring Doctor's Signature & Credentials: \_\_\_\_\_

Date: \_\_\_\_\_