



Carolina Center for ABA and Autism Treatment  
111 Mackenan Drive Cary, NC 27511  
Phone # (919) 342-6919 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 Full Name	
Patient's D.O.B (mm/dd/yyyy)	
Patient's Home Address	
City/State/Zip	
Patient's Phone Number	
Patient's E-Mail Address	
Diagnosis Code (e.g., F84.0)	
Diagnostic Severity Level (Per DSM-5 Diagnostic Criteria)	<input type="checkbox"/> Level 1: Requiring Support <input type="checkbox"/> Level 2: Requiring Substantial Support <input type="checkbox"/> Level 3: Requiring Very Substantial Support
Date of Diagnosis (mm/dd/yyyy)	
Reason for Referral:	

Referring Doctor Information	
Referring Doctor's Name	
Provider's Phone Number	
Practice's Street Address	
City/State/Zip	
Practice's E-Mail Address	
Provider's NPI	
Provider's TID	

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

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