



# Arbor Autism Centers

850 S. Hewitt Rd  
Ypsilanti, MI 481097  
Phone: 734-544-5561  
Fax: 734-527-5981

**Referral Form – please complete and fax to the number above**  
**Please direct family to arborautismcenters.com to complete New Patient Intake**  
**Please include a demographic/face sheet if patient section of form is not fully completed**

## Patient Information

**Patient Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Diagnosis:**  
(check all that apply)  Autism  Suspected Autism  Language Delay/Disorder  Incoordination  Feeding Difficulties

Other (please specify): \_\_\_\_\_

**Patient is being referred for (please check all boxes that apply):**

- Autism Eval (OT & SLP ref req)  OT Evaluation & Treatment  ABA Evaluation & Treatment
- SLP Evaluation & Treatment  Feeding Evaluation & Treatment

## Physician Information

**PRINTED Physician Name:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_  
*Last First*

**Address:** \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional notes or instructions:**