Behavior Blocks LLC
216 Davis Street, Unit F, Oakville, CT 06779
Phone: 203-525-5364
Fax: 860-378-8211
sventura@behaviorblocks.com

REFERRAL FORM

Instructions:
Please complete and submit this screening form to schedule an appointment for an intake. You may submit this completed form to: sventura@behaviorblocks.com or fax: 860-379-8211

Please note other documents may be requested before initial evaluation. This is a general overview of documents that may be required. The BCBA will discuss with you what documents need to be submitted after this form is completed.
- Copy of ID of parent or legal guardian
- Diagnostic report
- Referral recommending ABA
- Letter of medical necessity from pediatrician
- Front and back of all insurance cards

Please answer to the best of your ability. If you need assistance filling out the form, please call our office at 203-525-5364.

Date:	
Who is completing this form?	
Referred by:	

CLIENT INFORMATION

FIRST NAME		LAST NAME	
DATE OF BIRTH		PHONE NUMBER	
PRIMARY LANGUAGE		ADDRESS	

PARENT/GUARDIAN INFORMATION

FIRST NAME		LAST NAME	
PHONE NUMBER		ADDRESS	
EMAIL			

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HEALTH RELATED INFORMATION

Has your child been diagnosed with Autism Spectrum Disorder (ASD)?	
Diagnosing Physician/Clinician:	
Date Diagnosed:	
Who is your child's current PCP/Pediatrician?	
Current Therapies/Providers (OT, SLP, OTHER):	
Does your child have an IEP?	
Reason for Seeking ABA Services:	
Additional Comments:	

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INSURANCE INFORMATION

NAME OF CARRIER		INSURED'S DATE OF BIRTH	
NAME OF INSURED		GROUP NUMBER	
SUBSCRIBER ID		EMPLOYER	

AVAILABILITY FOR SERVICES

Please Write the times you and the client ARE available for services. We are open 8am-6:30pm.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Location for Services:

Home, Community, Center (Watertown, CT), Other:	

I agree the information above is accurate and if anything changes, I will inform Behavior Blocks LLC immediately so they can update.

_____ _____

Parent/Guardian Name Parent/Guardian Signature:

Last Updated: November, 2022