



## Arbor Autism Centers Referral Form

850 S. Hewitt Rd Ypsilanti, MI 481097

Phone: 734-544-5561

Fax: 734-527-5981

Please complete and fax to the number above, then direct family to [arborautismcenters.com](http://arborautismcenters.com) to begin the new patient intake process.

### Patient Information

Last Name	First Name	M.I.	D.O.B.
Street Address	Apt/Unit #		
City	State	Zip	Phone
Email (Parent/Guardian Name if under 18)	Parent/Guardian Name (if under 18)		
Insurance <i>Aetna, BCBS, and BCN accepted</i>	Subscriber/Member ID #		

#### Diagnosis (please check all that apply)

Autism      Suspected Autism      Language Delay/Disorder      Incoordination      Feeding Difficulties

Other (please specify):

#### Patient is being referred for (please check all that apply)

Autism Eval - OT & SLP req      OT Eval & Treatment      SLP Eval & Treatment

Feeding Eval & Treatment      Aquatic Eval & Treatment      ABA Eval & Treatment

### Physician Information

Full Name	NPI
Clinic Street Address	Bld/Ste #      City      State      Zip
Phone	Fax
Physician Signature	Date

*Additional Notes/Instructions:*