



Helping Hands Training and Consulting
Ph: (786) 534-4483 **Fax:** (786) 605-1136
Address: 1840 W 49TH St #723, Hialeah FL 33012
Email: info@helpinghandstc.com

ABA THERAPY REFERRAL FORM

Referral Source Information

Referral Date: _____
Referring Provider/Facility Name: _____
Referral Type:
☐ Physician / Pediatrician
☐ School / Teacher / Administrator
☐ Daycare / Childcare Provider
☐ Other: _____
Contact Person Name: _____
Phone Number: _____
Fax/Email: _____
Address: _____

Patient Information

Child's Full Name: _____ **Date of Birth:** ____ / ____ / ____
Gender: ☐ Male ☐ Female ☐ Other
Home Address: _____
Parent/Guardian Name: _____
Phone Number: _____
Email: _____

Reason for Referral

- | | |
|---|--|
| <input type="checkbox"/> Concerns with communication/speech delays | <input type="checkbox"/> Developmental delay or concerns |
| <input type="checkbox"/> Repetitive behaviors or restricted interests | <input type="checkbox"/> Suspected Autism Spectrum Disorder |
| <input type="checkbox"/> Difficulty with social interactions | <input type="checkbox"/> Formal ASD diagnosis – Date Diagnosed: ____ / ____ / ____ |
| <input type="checkbox"/> Aggressive or self-injurious behaviors | <input type="checkbox"/> Other (please describe): _____ |

Additional Information (if available)

Primary Language: _____
Insurance Provider (if known): _____
Has the child had any prior evaluations? ☐ Yes ☐ No
If yes, please describe or attach reports:



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Legal Guardian Consent

By signing below, I acknowledge that I am the legal guardian of the child named above and consent to the referral for ABA therapy services. I understand that the referral may result in contact from Helping Hands Training and Consulting to discuss next steps, including an intake assessment and coordination of services.

Legal Guardian Signature: _____

Printed Name: _____

Date: ____ / ____ / ____

Please fax or email the completed form to:

Helping Hands Training and Consulting
Fax: +1 (786) 605-1136
Email: info@helpinghandstc.com

Visit us at: helpinghandstc.com

Thank you for your referral! We will follow up with the family within 24-48 hours.