WVU Medicine Golisano Children's
NEURODEVELOPMENTAL CENTER
Operated by WVU Hospitals

Applied Behavior Analysis (ABA) Referral

PHONE: **304-598-4300** FAX: **304-598-4574** **201 Bakers Ridge Rd**
Morgantown, WV 26506

Date of Referral: _____/_____/_____

Referring Physician: _____ Contact Person: _____

Phone #: _____ Fax #: _____

Reason for Referral: _____

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: _____/_____/_____ Social Security #: _____

Address: _____

Diagnosis ICD-10: _____

Parent/Guardian: _____ Phone #: _____

INSURANCE INFORMATION

Insurance Co. Name: _____

Policy ID #: _____ Subscriber's Name: _____

REQUESTING SERVICE

Utilized for:

☐ Children 3-5 years of age who have been diagnosed with autism and need help improving skills and reducing inappropriate behaviors. Children come to the clinic between two and five days each week for six hours at a time and remain in our program for one-to-two years.

☐ Children 2-3 years of age who have been diagnosed with autism. Both the child and caregiver participate in this program, focusing on proactively learning basic crucial skills and behavior management techniques as the child grows.

If these children are not already being seen by our Neurodevelopment Team, please also refer to that team at the same time.

Does the child have a confirmed diagnosis of autism from a qualified provider?

☐ **Yes** ☐ **No** *(if no, hard stop)*

Is the child 5 years old or younger?

☐ **Yes** ☐ **No** *(if no, hard stop)*

Is the child able to attend services in person multiple days per week at the NDC?

☐ **Yes** ☐ **No** *(if no, hard stop)*

Signature: _____