

# Outside Agency Referral

Client Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Client Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Contact Information \_\_\_\_\_

Referred By (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_ Fax \_\_\_\_\_

## Position

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Physician                    | <input type="checkbox"/> Nurse                       | <input type="checkbox"/> Psychiatrist           |
| <input type="checkbox"/> Psychologist                 | <input type="checkbox"/> Social Worker               | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Counselor/Therapist          | <input type="checkbox"/> Speech/Language Pathologist | <input type="checkbox"/> Mental Health Worker   |
| <input type="checkbox"/> Other (Please Specify) _____ |  |   |

## REASON FOR REFERRAL

### Diagnostic Services

#### Assessment for Autism Spectrum Disorder

- Poor functional communication/does not make requests
- Limited social interaction
- Scripted, echoic, or repetitive speech
- Atypical behavior – hand flapping, posturing, staring at objects
- Atypical Play – scripted play, lines up toys, food, other objects

#### Assessment for Other Diagnostic Concerns

- Poor attention or lack of focus
- Lack of verbal communication with average language ability
- Aggressive and impulsive
- Poor peer relationships
- Other \_\_\_\_\_

#### Assessment for Developmental Delays

- Delays in at least two areas – fine motor, gross motor, speech, language, cognition, social

#### Comprehensive Re-Evaluation



**SOUTHEAST MISSOURI**  
STATE UNIVERSITY · 1873

Autism Center for  
Diagnosis and Treatment

**AUTISM CENTER FOR DIAGNOSIS  
AND TREATMENT**  
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semo.edu/autismcenter

# Outside Agency Referral

## Treatment Services

### Psychological Services

- Psychotherapy/Counseling
- Individual  Group  Family

### Behavioral Services

- Functional Behavioral Assessment (FBA)
- Skill Assessment (e.g., VB-MAPP or ABLLS-R)
- Behavioral Treatment Services
- Intensive Toilet Training

### Speech/Language Services

- Speech &/or Language Evaluation
  - Initial Evaluation
  - Re-Evaluation
  - AAC Evaluation
- Speech &/or Language Therapy
  - Individual  Group

### **For High-Functioning Clients:**

- Assessment of Social Communication for Treatment Planning
- Social Communication/Cognition Therapy

## Screenings Completed

Modified Checklist for Autism in Toddlers (M-CHAT)      Score \_\_\_\_\_      Date \_\_\_\_\_  
Social Responsiveness Scale -2 (SRS2)      Score \_\_\_\_\_      Date \_\_\_\_\_  
Gilliam Autism Rating Scale -3 (GARS-3)      Score \_\_\_\_\_      Date \_\_\_\_\_  
Other \_\_\_\_\_      Score \_\_\_\_\_      Date \_\_\_\_\_

Chromosomal Testing       Normal     Abnormal    Date \_\_\_\_\_

Current Diagnosis \_\_\_\_\_

Current Diagnosis \_\_\_\_\_

**In order to complete the comprehensive evaluation, please send a signed prescription for Speech & Language Evaluation and Treatment, if applicable.**

Signature of Referring Physician \_\_\_\_\_ Date \_\_\_\_\_