18697 Forest Road
Lynchburg, VA 24502
P: (434) 239-0009
F: (434) 239-0181

150 W. Main Street
Danville, VA 24541
P: (434) 791-2144
F: (434) 792-0259

Behavior and Autism Referral

Client Name:		Date of Referral:		Gender:	

Age:		DOB:		SSN:		Race:		Medicaid #:	

Current Residence:	

Home Phone:		School (if applicable):		Grade (if applicable):	

Parent/Guardian (if applicable):		Relationship to client:	
Phone Number:		Alternative Phone:	
Parent/Guardian Address (if different from above):			

Referring Agency/Individual (include full address):		Worker/Title:	
		Phone:	
		Email:	

	Yes	No	Don't know	Comment:
Does the client have a communication deficit?				
Does the client demonstrate physical aggression or self-injurious behaviors with significant frequency, duration and intensity?				
Does the client demonstrate disruptive behaviors, including but not limited to: tics, elopement, repetitive or ritualized behaviors?				
Is the client being transitioned back into the home environment from an out-of-home placement?				
Is the client's family willing and capable of learning and applying effective behavioral modification strategies?				
What other services is the client receiving? (Check all that apply)	o Speech Therapy o Occupational Therapy o Outpatient Counseling o Special Education Services			

Signature of referring worker:		Date:	