big apple AUTISM SERVICES
DBA BIG APPLE CHILDREN SERVICES

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Referral for Evaluation Form

FAX to: **929-900-1522** or ONLINE at: **www.bigapplechildren.com/refer-a-child**

REFERRAL REASON			
1. REFERRAL DATE:	2. WHO SHOULD WE THANK FOR THIS REFERRAL *(SECONDARY SOURCE)*:		
3. REASON FOR REFERRAL (STATUS ASSIGNED): ☐ **At Risk** ☐ **Confirmed Diagnosed Condition** ☐ **Suspected of Delay** ☐ **Failed Initial Hearing Screening**			
CHILD INFORMATION			
4. FIRST NAME:	5. MIDDLE NAME:	6. LAST NAME:	
7. DATE OF BIRTH (MM/DD/YYYY):	8. GENDER: ☐ **Female** ☐ **Male**	9. ETHNICITY: ☐ **Hispanic or Latino** ☐ **Not Hispanic or Latino**	
10. ☐ **Child is less than 3 years old** *(Eligible for Early Intervention)*	11. ☐ **Child is more than 3 years old** *(Eligible for ABA Under Insurance)*	12. ☐ **Yes. He/she was previously Diagnosed.** 13. DIAGNOSIS:	
14. MUNICIPALITY OF RESIDENCE: ☐ **Bronx** ☐ **Kings (Brooklyn)** ☐ **Nassau** ☐ **New York (Manhattan)** ☐ **Queens** ☐ **Richmond (S.I.)**			
15. RACE: ☐ **American Indian** ☐ **Asian** ☐ **Black or African American** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **White**			
16. CHILD'S DOMINANT LANGUAGE:			
FAMILY INFORMATION			
17. MOTHER'S FIRST NAME:	18. MOTHER'S LAST NAME:	19. MOTHER'S DATE OF BIRTH:	
20. FATHER'S FIRST NAME:	21. FATHER'S LAST NAME:	22. FATHER'S DATE OF BIRTH:	
23. MOTHER'S DOMINANT LANGUAGE:	24. FATHER'S DOMINANT LANGUAGE:	25. ☐ **A parent is proficient in English**	
26. ☐ **By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral.**			
ADDRESS AND PHONE NUMBER			
27. PRIMARY ADDRESS *(STREET/ CITY/STATE/ZIP)*:			
28. MOTHER'S MOBILE PHONE:	29. FATHER'S MOBILE PHONE:	30. HOME PHONE:	
32. DESCRIBE YOUR SPECIFIC CONCERNS:			
PRIMARY CARE PHYSICIAN/PEDIATRICIAN INFORMATION			
33. PRACTICE ADDRESS *(STREET/ CITY/STATE/ZIP)*:			
34. OFFICE PHONE:	35. FAX:	36. E-MAIL:	
PARENT/LEGAL GUARDIAN CONSENT			
37. **Capturing this information requires that informed parental consent has been obtained. This information will not be submitted if parental consent is not indicated:** ☐ **Yes. Informed Parental Consent Obtained.**			
38. PARENT/LEGAL GUARDIAN IS CONCERNED ABOUT *(CHECK ALL THAT APPLY)*: ☐ **Not Talking** ☐ **Behavior** ☐ **Motor Skills** ☐ **Feeding**			
39. ADDITIONAL COMMENTS *(IF ANY)*:			
INSURANCE INFORMATION (IF CHILD IS MORE THAN 3 YEARS OLD)			
40. CHILD'S HEALTH INSURANCE PROVIDER:			
41. GROUP ID #:	42. MEMBER ID #:		
43. ADDITIONAL COMMENTS *(IF ANY)*:			