The Carolina Center
FOR ABA & AUTISM TREATMENT

111 Mackenan Dr.
Cary, NC 27511

9305-L Monroe Rd.
Charlotte, NC 28270

10516 Park Rd.
Charlotte, NC 28210

351 Wagoner Dr.
Suite 411
Fayetteville, NC 28303

Applied Behavior Analysis Referral Form

Please fax the completed referral form to (919) 467-6777 and attention "CCABA Intake Team". If you have any questions, feel free to contact our Intake Team directly at (919) 342-6037.

Patient Information

Patient's Full Name	
Patient's Date of Birth (mm/dd/yyyy)	
Patient's Street Address	
City / State / Zip	
Patient's Phone Number	
Patient's E-Mail Address	
Diagnosis Code (e.g., F 84.0)	
Date of Diagnosis (mm/dd/yyyy)	
Diagnostic Severity Level (Per DSM-5 Diagnostic Criteria)	○ **Level 1:** Requiring Support ○ **Level 2:** Requiring Substantial Support ○ **Level 3:** Requiring Very Substantial Support
Reason for Referral	

Referring Doctor Information

Referring Doctor's Name	
Name of Practice	
Provider's Phone Number	
Provider's Fax Number (optional)	
Practice Street Address	
City / State / Zip	
Provider's NPI	
Provider's Tax ID / EIN	

Referring Doctor's Signature and Credentials: _____

Date: _____

In-Network Insurance Carriers

NCDHHS NC Medicaid Division of Health Benefits
Health Choice for children
Alliance Health
CardinalHealth
BlueCross BlueShield
OPTUM UnitedHealthcare
aetna
Cigna
TRICARE