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	
Does Patient have an F84.0 ASD Diagnosis?	○ **Yes** ○ **No**
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

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

Referring Doctor's Signature and Credentials: _____

Date: _____

In-Network Insurance Carriers

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