Building Bridges
ABA Therapy & Family Support

Send this form
FAX (980) 220-5002
EMAIL info@buildingbridgesaba.org
Type into the boxes and email it, or print and fax it.

Referral form

ABA therapy for children ages 18 months to 12 years in Mecklenburg County, NC and York County, SC. No waiting list.

Referring provider

Provider name | Practice or organization

Phone | Fax | Email | Date

Child

First name | Last name | Date of birth | Primary language

Parent or guardian

Name | Phone | Email

Home address | Zip code

Diagnosis and reason for referral

Autism spectrum disorder (ASD) diagnosis: ☐ Yes ☐ Evaluation in progress ☐ Not yet evaluated

Diagnosed by (provider and date)

☐ Diagnostic report attached

Reason for referral and main concerns

Insurance

Insurance plan | Member ID | Secondary plan, if any

☐ The parent or guardian knows about this referral and agrees to be contacted by Building Bridges.

We contact the family within one business day. Questions? (980) 279-2256

This form contains protected health information. If you received it in error, please tell the sender and destroy it.