Behavior Basics, Inc
Behavior Analysis and Parent Education Programs
www.behaviorbasicsinc.com

Behavior Analysis REFERRAL FORM

Childs First and Last Name	
Child DOB	
Child's age	
Child's gender	
Child Social Security #	
Insurance ID or Medicaid Number	
Child home address	
Child resides with	
Parent /Caregiver name	
Parent/ Caregiver phone number	
Parent/Caregiver Email	
School/ Daycare Name:	
School point of contact name & phone	
School type check one	☐ Public ☐ Private ☐ Home/Virtual ☐ Daycare
Child primary care doctor Name and phone	
Service location type desired check one	☐ Home ☐ School/Daycare ☐ Clinic
Family Availability for Services Monday Tuesday Wednesday Thursday Friday Saturday Sunday	(*Example: Monday only after school 3-9pm; Tuesday no availability)*
Does your child have an authorization or currently receiving ABA services?	
Referral Source name, phone, email	

****Notes**: To receive Behavior Analysis services from Behavior Basics through Medicaid Insurance all requested information is needed to get the service authorized. The physician (MD) must fill out a physician order on a script pad completely and sign it. A copy of a COMPREHENSIVE diagnostic report/evaluation on the referred child must be submitted as well to verify diagnosis.

→Please return this form along with a copy of your insurance card and complete packet to:
info@behaviorbasicsinc.com OR Fax: 772-219-1339