

**Adaptive Behavior Assessment System (ABAS) Referral Information**

**\*\*Accepting only FULL Maine Care\*\***

**This does not include Katie Beckett**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Referred by: | DOA: | OCS #: |
| Child’s Name: | D.O.B.: | Age: | Gender: | Grade: |
| Primary Language Spoken: Interpreter Needed:  Yes  No |
| Parent/Guardians: | Guardian address:  |
| Primary Language Spoken:Interpreter Needed:  Yes  No |
| Guardian Contacts:[ ]  Phone: [ ]  Cell: [ ]  Email:Check preferred method of contact | Mainecare ID Number: |
| **Primary Care Physician** Check if referring person | Name: | Phone:Fax: |
| **Psychiatrist:**  Check if referring person | Name: | Phone:Fax: |
| **Counselor/ Therapist:** Check if referring person | Name: | Phone:Fax: |
| **Caseworker/ Case Mgr:** Check if referring person | Name:Agency: | Phone:Fax: |
| **Other Professional:** Check if referring person | Name:Type: | Phone:Fax: |
| **School:** | Name:[ ]  Homeschooled  | District: |
| **Current Diagnoses:** | **Current Medications:** |
| **Current Services**Check all that apply | [ ]  School IEP/Special Ed [ ]  School 504 Accommodations [ ]  School Counselor[ ]  Tutoring [ ]  Occupational Therapy [ ]  Speech Therapy [ ]  Physical Therapy[ ]  Vision Therapy [ ]  Naturopathy [ ]  HCT [ ]  BHP [ ]  VRT [ ]  MST[ ]  Psychotherapy [ ]  Behavior Therapy (e.g., ABA) [ ]  Group Therapy [ ]  Social Skills training [ ]  Other- Describe:  |
| **Current Status** Check all that apply | [ ]  DHHS Involvement [ ]  Foster Care [ ]  Adoption Process [ ]  JSOP/Probation Supervision [ ]  Incarcerated  |
| **Reason for ABAS-3 Referral** | Current concerns/ Identified Issues / Duration of problems / Progress in treatment |
| **Developmental History**  | Were there any significant developmental difficulties | Prenatal | Infancy (birth-2yrs) | Early Childhood (2-4yrs) | Late Childhood (5-7yrs) | Latency (8-12yrs) | Adolescents (13-17yrs) |
| Yes |  |  |  |  |  |  |
| No |  |  |  |  |  |  |
| **Cognitive Concerns** Check all that apply | [ ]  General Intellectual Abilities [ ]  Attention / Concentration[ ]  Academic Skills / Learning disabilities [ ]  Memory / Learning[ ]  Language / Communication [ ]  Visual Spatial Processing[ ]  Sensory Processing [ ]  Motor Functioning[ ]  Auditory / Phonological Processing [ ]  Social Cognition[ ]  Reasoning / Problem solving [ ]  Judgment / Decision making[ ]  Executive Processing (sequencing, [ ]  Other cognitive concerns shifting between tasks, working memory, Describe:  processing speed, multi-tasking, etc.) |
| **Other Concerns** Check all that apply | [ ]  Traumatic brain injury / concussion [ ]  Substance Abuse in pregnancy[ ]  Birth Injury [ ]  Autism characteristics[ ]  Anxiety [ ]  Moodiness / Emotional dysregulation [ ]  Depression [ ]  Obsessive or compulsive behaviors [ ]  Anger [ ]  Oppositionality / Defiance[ ]  Poor social skills / no friends [ ]  Sexual misbehavior[ ]  Other concerns- Describe:  |
| **Office Use** | [ ]  Approved [ ]  Not within guidelines. Reason: Initials: [ ]  Insurance Confirmed  |