OCEANSIDE
COMMUNITY SERVICES, LLP
22 West Cole Road, Unit 103
Biddeford, ME 04005
P: 207.571.9923 F: 207.571.9927
www.ocsmaine.org

Adaptive Behavior Assessment System (ABAS) Referral Information

****Accepting only FULL Maine Care****
This does not include Katie Beckett

Date:	Referred by:				
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 ☐ Academic Skills / Learning disabilities ☐ Language / Communication ☐ Sensory Processing ☐ Auditory / Phonological Processing ☐ Reasoning / Problem solving ☐ Executive Processing (sequencing, shifting between tasks, working memory, processing speed, multi-tasking, etc.) ☐ Attention / Concentration ☐ Memory / Learning ☐ Visual Spatial Processing ☐ Motor Functioning ☐ Social Cognition ☐ Judgment / Decision making ☐ Other cognitive concerns Describe:

Other Concerns Check all that apply	☐ Traumatic brain injury / concussion ☐ Birth Injury ☐ Anxiety ☐ Depression ☐ Anger ☐ Poor social skills / no friends ☐ Other concerns- Describe: ☐ Substance Abuse in pregnancy ☐ Autism characteristics ☐ Moodiness / Emotional dysregulation ☐ Obsessive or compulsive behaviors ☐ Oppositionality / Defiance ☐ Sexual misbehavior
Office Use	☐ Approved ☐ Not within guidelines. Reason: Initials: ☐ Insurance Confirmed