

Warner Robins: 644 Tallulah Trail Warner Robins, Ga, 31088

Warner Phone: (478)225-2179

Columbus: 1921 Whittlesey Rd. Suite 400 Columbus, Ga, 31904

Columbus Phone: (706)221-9629

Tyrone: 190 Handley RD, Tyrone Ga , 30290

Tyrone Phone: (678) 850-7906



“Reaching goals one point at a time”

Physician Referral for ABA Therapy for Autism Spectrum Disorders

Please fax completed form to: (706) 243-6497 or e-mail to: info@goalpointaba.com

Patient Name: _____

Patient Date of Birth: _____

Patient Diagnosis (ICD-10 code) _____

Parent/Guardian Name: _____

Patient Phone: _____

Physician Name: _____

Practice Name & Address:

Practice Phone: _____ **Fax:** _____

Service(s) Required (Please check all that apply):

Applied Behavior Analysis (ABA)

- Behavior Identification Assessment
- Adaptive Behavior Treatment
- Family Adaptive Behavior Treatment

Any additional comments: _____

I hereby certify the medical necessity of the services listed above.

X _____
Physician Signature **Date** **Physician NPI#**