

Date: \_\_\_\_\_ Intake by: \_\_\_\_\_

How did you find out about the clinic?

Clinic website  PSC  Dr. Scarpa  Pediatrician: \_\_\_\_\_ Other: \_\_\_\_\_

**Virginia Tech Autism Clinic**  
**3110 Prices Fork Road, Blacksburg, VA 24060**  
**E-mail: autism@vt.edu**  
**Phone: 540 - 231 - 2053 - Fax: 540 - 231 - 4250**  
**REFERRAL FORM**

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Parents' Names (if child client): \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Best time to call back \_\_\_\_\_ Can we leave a message when we call back? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**Service Requested (check all needed)\*:**

- Autism Diagnostic Assessment \_\_\_\_\_ \$500
  - Screening questionnaires
  - Diagnostic Interview
  - Diagnostic Observation
  - Developmental and intellectual functioning
  - Social and Adaptive functioning
- Parent/child sessions \_\_\_\_\_ \$50/hr
- Group social skills sessions \_\_\_\_\_ \$25/hr
- School staff training \_\_\_\_\_ \$80/hr
- On site consultation \_\_\_\_\_ \$80/hr (With report, add \$50)
- Speech-Language evaluation \_\_\_\_\_ (refer to RU Autism Center)
- Pivotal Response Training,  
Parent Training – 25 hrs \_\_\_\_\_ \$1250.

\*NOTE:

*For in-home or on-site consultations, travel charges will be applied when the driving distance exceeds 20 miles from the clinic.*

**VT Autism Clinic Use Only**

Date form rec'd: \_\_\_\_\_ Date parents contacted: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Confirmation letter sent: \_\_\_\_\_ Evaluation Date(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Has child previously been diagnosed (by anyone) with Autism, Asperger's or PDD? Yes \_\_\_\_\_ No \_\_\_\_\_ (Specify: \_\_\_\_\_)

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_