



Comprehensive Services for Autism Spectrum & Related Disorders.
For the Child. For the Family. For the School. For the Community.

Executive Director: Allison Lowy Apple PhD, BCBA-D, LMHC

Office Address: 1240 116th Ave NE Suite 102 Bellevue, WA 98004

Main Line: 206-437-5412

Email: Info@apple-asd.com

Accounts Line: 206-250-9014

Website: www.apple-asd.com

Fax Number: 425-396-0729

APPLE Consulting Patient Referral Form

Date: _____

Referring Physician Name: _____ **NPI #:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Patient Name: _____ **Date of Birth:** _____

Diagnosis: _____ **Diagnosis Code:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____

Patient Insurance Company: _____

This patient is being referred to APPLE Consulting for Applied Behavior Analysis (ABA) services.

The recommended number of hours per week is _____ hours.

The recommended treatment length is _____ months.

Additional Comments:

I deem the recommended services to be appropriate for this patient and medically necessary.

Physician Signature: _____ **Date:** _____
