

## Request for Services at CANDO

Please fax form to 774-442-2270 or email to [CANDO@umassmemorial.org](mailto:CANDO@umassmemorial.org)  
For questions please call 774-442-2263

**This is not an urgent clinic and if immediate care is required, please refer individual to local emergency services.**  
*CANDO offers a variety of services for youth / young adults with emotional and behavioral challenges and complex presentations.*

Please complete all fields. Incomplete forms may be returned for more information and may delay processing of request.

PCP/Provider \_\_\_\_\_ Phone (backline) \_\_\_\_\_ Fax \_\_\_\_\_

Practice/Group Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Referred Individual's Name \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ ☐ Male ☐ Female Known diagnoses \_\_\_\_\_

Known Medications \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

Caregiver/Contact Name \_\_\_\_\_ Preferred phone # \_\_\_\_\_

Caregiver/Contact Primary Language \_\_\_\_\_ Is the referred individual in DCF custody? ☐ Yes ☐ No

What services does the referred currently have? ☐ Psychiatrist/Prescriber ☐ Individual Therapist ☐ In-Home Therapist (IHT)

☐ Other \_\_\_\_\_

Why are you referring this patient to CANDO? **What specific clinical questions do you want CANDO to address?** If we are unable to assist with addressing your questions, we will discuss other options with you.

Based on your clinical question and concerns, which clinic do you think may be most appropriate?

	Multi Disciplinary Team Evaluation (Psychiatry/OT/ST)	ASD Re-Evaluation	Diagnostic Clarification	Medication Evaluation
Autism & Neurodevelopmental		N/A		
Anxiety Disorder/OCD (CBT)	N/A	N/A		
Mood, Psychosis Disorder or ADHD		N/A		
Fragile X				
Developmental Behavioral Pediatrics	N/A			N/A
Transition Age Youth w/ASD and/or Intellectual Disability (ID) and/or Neurodevelopmental Disorders				
Neurology – Specializing in ASD	N/A			

**OFFICE USE**

Date Triaged: \_\_\_\_\_ Schedule with: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Scheduled by: \_\_\_\_\_ Date: \_\_\_\_\_