



Center for Autism and Neurodevelopmental Disorders
 55 Lake Avenue North, Room S7-714
 Worcester, MA 01655
 Tel: 774-442-2263; FAX 774-442-2270

Request for Services at CANDO

Please fax form to 774-442-2270 or email to 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.
 If we are unable to provide services in CANDO, we may be able to assist you with other recommendations.

Please complete all fields. Incomplete forms will be returned for more information and will 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

Does the referred currently have a Psychiatrist/Prescriber? Yes No Name: _____

Are the current psychiatric providers aware of the request for services in CANDO? Yes No

Does the referred currently have an 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?**

Please Note: If there is a question of whether a child has an Autism Spectrum Disorder (ASD) but has not been diagnosed, please make referral to **Developmental and Behavioral Pediatrics in Benedict, University Hospital. #: 774-442-3028.**

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

	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				
Transition Age Youth w/ASD and/or Intellectual Disability and/or Neurodevelopmental Disorders				
Neurology - Specializing in ASD	N/A			

OFFICE USE			
Date Triaged: _____	Patient MRN: _____	Schedule with: _____	
Appointment Date: _____	Scheduled by: _____	Date: _____	