Minuteman Health

APPLIED BEHAVIOR ANALYSIS (ABA) DIAGNOSTIC AND FUNCTIONAL ASSESSMENT PRIOR AUTHORIZATION REQUEST FORM

BEHAVIORAL HEALTH DEPARTMENT
PHONE: (413) 787-4000, EXT. 5028 FAX: (413) 233-2800

Fax completed form to the Minuteman Health, Inc. (MHI) Behavioral Health Department

1. Client's Name: _____ Client's Date of Birth: _____
2. Client's MHI ID #: _____
3. Client's Parent[s] or Legal Guardian[s]:_____Relationship: _____
   _____Relationship: _____
4. Provider's Name: _____ License: _____MHI Provider ID #: _____
5. Street Address: _____
6. Telephone #: _____ Fax #: _____ Office Contact:_____
7. Referral Source:_____License:_____ Specialty:_____
8. Relationship to Client: _____
9. Current Providers: _____
   _____
10. School: _____ Grade Level: _____ SPED Status: _____

DIAGNOSIS

1. Axis I: Primary _____ Source _____ Specialty _____
   Secondary _____ Source _____ Specialty _____
   Axis II: _____ Source _____ Specialty _____
   Axis III: _____ _____ _____
2. Case Summary and Reason Assessment is needed/Specific Questions to Address:
   _____
   _____
   _____
3. Assessment Measures Planned:_____
   _____
   _____
4. Anticipated Date[s] of Assessment: _____
   _____
   _____
5. Signature of Assessment Provider: _____ Date _____