

ASSESSMENT FOR AUTISM AND OTHER BEHAVIOUR CONCERNS

Information Collection Notice: This form will be used by the Kinark Autism Services team to contact a family and discuss our service options.

FAMILY CONTACT INFORMATION

Please include parent/caregiver information below.

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Preferred Contact Method: Phone Email

Best Time to Contact: Morning Afternoon Evening

Reason for Referral: Occupational Therapy Assessment Services
 Applied Behaviour Analysis (ABA) Services Foundational Family Services
 Service Navigation Support Other: _____

REFERRING SOURCE

Name and Title: _____

Clinic Name: _____

Telephone: _____ Email: _____

Clinic Address: _____

Completed forms can be submitted via email to autisminfo@kinark.on.ca or by fax to [905-479-2364](tel:905-479-2364). To complete this form via our website, please visit kinarkautismservices.ca/professional-resources.