

Confirmation of Diagnosis: Autism Spectrum Diagnosis (ASD)

For a list of in-network providers, contact Health Net* Behavioral Health at 888-935-5966.

This form must be completed by a physician or licensed psychologist. Please attach a copy of the member's most recent face-to-face evaluation and any additional supporting documentation (e.g., comprehensive diagnostic evaluation).

Member ID number: _____ **Member DOB:** _____
Member first name: _____ **Member last name:** _____
Member address: _____

Parent/caregiver name: _____ **Relationship to member:** _____
Phone number: _____

Diagnosis: Autism Spectrum Disorder (ASD) and/or other: _____
Date of diagnosis: _____

ASD diagnosis was confirmed by one of the following screening tools:

- Checklist for autism in toddlers (CHAT).
- Modified checklist for autism in toddlers/modified checklist for autism in toddlers, revised with follow-up (M-CHAT/M-CHAT-R/F).
- Screening tool for autism in toddlers & young children (STAT).
- Social communication questionnaire (SCQ).
- Autism spectrum screening questionnaire (ASSQ).
- Childhood autism spectrum test, formerly known as the childhood Asperger's syndrome test (CAST).
- Krug Asperger's disorder index (KADI).
- Autism diagnostic observation schedule/autism diagnostic observation schedule 2nd edition (ADOS/ADOS-2).
- Autism diagnostic interview revised (ADI-R).
- Childhood autism rating scale/ childhood autism rating scale 2nd edition (CARS/CARS-2).
- Gilliam autism rating scale (GARS-3).
- Other valid form of approved evidence-based assessment result/summary – see attached:

Diagnosing physician/clinician name: _____

Contact phone number: _____

Applied behavior analysis (ABA) recommended: Yes No

Additional/alternative treatment recommendation(s): _____

Signature of physician or licensed psychologist: _____

License type and ID number: _____

Date: _____

**Submit the completed form to the Behavioral Health Autism Center via email at
ABA@healthnet.com or fax at 855-427-4798.**