

Member: \_\_\_\_\_

ID# \_\_\_\_\_



**COMMUNITY HEALTH PLAN**  
of Washington™

**FAX to 206-613-8873**  
**ABA Therapy Initial Request Form**  
**Service call 1-800-336-5231**

**Member Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Requesting Provider:** \_\_\_\_\_

**Provider NPI #:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Treating Provider:** \_\_\_\_\_

**Provider NPI #:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**DSM/ ICD- DIAGNOSIS numeric + description:**

**Axis I:** \_\_\_\_\_

**Axis II:** \_\_\_\_\_

**Axis III:** \_\_\_\_\_

**Psychotropic Medications**

**Prescribed by**

PCP

Psychiatrist

APRN

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**If affective or psychotic disorder is present and no medications are prescribed, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

Member: \_\_\_\_\_

ID# \_\_\_\_\_

**Risk Assessment:**

- Suicidal  Ideation  Planned  Imminent Intent  History of self-harming behavior
- Homicidal  Ideation  Planned  Imminent Intent  History of behavior harming others
- Danger to Self
  - Frequently engages in self-injurious behavior
  - Poor impulse control that might cause self-harm
- Danger to others/property
  - Frequent verbal/non-verbal threats
  - Tantrums/protest
  - Aggressive acts to harm another person
  - Frequent violent or uncontrolled behavior that endangers others or involves destruction of property

**Functional Impairment**

- Stereotyped/repetitive behaviors
  - Repetitive mannerisms
  - Rigid adherence to routines
  - Restricted range of interests
  - Preoccupation with one or few items/topics/etc
- Severe disruptive behaviors
  - Significantly interfere with functioning
  - Marked impairment in age appropriate social interactions
- Lack of age appropriate functional skills
  - Lack of age-appropriate communication skills
  - Lack of age-appropriate social skills and/or play skills
  - Failure to independently engage in age-appropriate daily living skills and vocational skills

**Treatment Plan:**

- Consultation Report Attached
- Functional Behavioral Assessment Attached
- Treatment Plan Report Attached
  - Parent/caregiver training will be provided in treatment plan
  - Treatment providers are Board Certified Behavior Analysts (BCBA) or Board Certified Assistant

**Therapy Services Requested:**

Therapy Services	CPT Code	Units Requested Per Week/Month (please indicate if weekly or monthly units)	Requested Start Date

Requesting Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_