



**Autism and Neurodevelopmental Program
In Affiliation with WSU Elson S. Floyd College of Medicine**

Address:

WSU Spokane
Health Sciences Building (HSB)
310 N. Riverpoint Blvd.
Spokane, WA 99202
Phone: (509) 505-7481 Fax: 509-606-2515

About Us

We are a multidisciplinary clinic with the primary goal of providing comprehensive evaluation and treatment services to children (ages 18-month to 18 years) with autism spectrum disorders and other Neurodevelopmental Disorders.

We evaluate and treat children with a wide range of complex medical problems including Autism and associated ADHD, Anxiety/Depression, behavior problems, children with other neurodevelopmental disorders and developmental disabilities, delayed development (speech and language delays, motor delays), sensory modulation difficulties and learning difficulties.

Our clinic is **not** equipped to treat children with homicidal/suicidal ideation, acute psychosis, mood disorder or other pediatric emergencies. If your patient has previously needed inpatient psychiatric care or Emergency Room visits for behavioral health, they should be seen by a Pediatric Psychiatrist for medication management.

Medical Referral Form

Referral Date: _____

Patient Information:

Patient Name: _____ DOB: _____

Parent/ guardian Name(s): _____

Patient address: _____

Primary contact (Parent) phone: Cell: _____ Work: _____

Primary contact (Parent) Email: _____

Patient Insurance Information:

Primary Insurance Name: _____

Insurance Group number: _____

Insurance ID: _____

Primary Insurance phone number: _____

Primary Policy holder name and DOB: _____

Health where you are.

412 E Spokane Falls Blvd | Spokane, WA 99202
1-888-RANGEWA • info@rangecommunityclinic.org • **RangeCommunityClinic.org**



Referring Physician Information:

Referring Physician's Name: _____

Practice Name and Address: _____

Physician Phone: _____ Fax: _____

Requested Specialty Consultation (to be filled out by referring provider)

Reason/ Question for Referral: _____

Please check below:

- Clarify or establish diagnosis.
- Advice on management
- Other _____

Working Diagnoses with ICD Codes: _____

Visit type: Please check below.

- New patient consult
- Second opinion
- Return visit/ongoing care.

Social Needs: _____

Attached medical records list: Please check below.

- Clinic notes
- State newborn metabolic/genetic screening results
- Available vision/audiology test results
- Medication history
- Growth charts/curves
- Lab reports
- Brain Imaging and other diagnostic reports including genetic testing.
- Previous specialty evaluations
- Previous school records/IEP or testing results.
- Developmental assessments
- Previous therapy evaluation (OT/PT/Speech)
- Previous psychological evaluation

Does family require an interpreter? Yes/ No

Any known barriers to performing a successful telehealth (video) visit with the family? Yes/No

Total pages sent: _____

Physician Name (Printed): _____

Physician Signature: _____