



# FSU Center for Autism and Related Disabilities Referral/Intake (Adult)



All of CARD services are **FREE** of charge. Please fill out this referral packet as completely as possible and return in the enclosed envelope. You will be contacted by CARD staff when your referral packet has been received in our office. **Please print in ink.**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Ethnicity \_\_\_\_\_

Client Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

May we leave a voice message? \_\_\_\_\_ If so, which number(s)? \_\_\_\_\_

Diagnosis: \_\_\_\_\_ By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*INCLUDE COPY OF EVALUATION REPORT DOCUMENTING DIAGNOSIS\*\*\***

Other Health Concerns: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FSU Center for Autism and Related Disabilities  
625-B North Adams, Tallahassee, FL 32301

(800) 769-7926/ (850) 644-4367  
(850) 644-3644 – Facsimile

5192 Bayou Boulevard, Pensacola, FL 32503

(850) 484-5040, ext. 1326  
(850) 494-5783 – Facsimile

2611-A West 23<sup>rd</sup> Street, Panama City, FL 32405

(866) 863-0138/ (850) 215-4330  
(850) 215-4337 – Facsimile

Other Agencies/Service Providers: \_\_\_\_\_

Insurance: \_\_\_\_\_

Name of School (if applicable): \_\_\_\_\_

Who referred you to CARD? \_\_\_\_\_

Name/Title \_\_\_\_\_

Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

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FSU Center for Autism and Related Disabilities
Permission to Observe & Exchange
Information



I hereby authorize & request the Florida State University Center for Autism and Related Disabilities permission to exchange information about, \_\_\_\_\_, CARD client, with the school, agencies, and individuals listed below. I also grant the agencies listed below permission to exchange information and release educational, medical, psychological, psychiatric, or other records to the Florida State University Center for Autism and Related Disabilities.

Please list below individuals and agencies with whom CARD may exchange information:

School(s)/Community Agencies/Work Site:

Two horizontal lines for listing school or agency information.

Doctor(s):

Two horizontal lines for listing doctor information.

Other agencies/therapists/specialists:

Two horizontal lines for listing other agencies or specialists.

Other family members:

Two horizontal lines for listing other family members.

(Signature of Individual)

(Date)

I understand that I may revoke this authorization at any time.

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