

**Center for Autism and Neurodevelopmental Disorders
(CANDO)**

55 Lake Avenue North, Room S7-714
Worcester, MA 01655
Tel: 774-442-2263; FAX: 774-442-2270

CANDO Request for Services Form

Please fax form and supporting clinical notes to 774-442-2270 or email to CANDO@umassmemorial.org.
For questions, please call 774-442-2263.

This is not an urgent clinic and if immediate care is required, please refer individual to local emergency services.

*CANDO offers services for youth/young adults with emotional and behavioral challenges and complex presentations.
If we are unable to provide services in CANDO, we may be able to assist you with other recommendations.*

Doctor's office: Please complete all fields. Incomplete forms will be returned for more information and will delay processing of your request.

Today's Date _____ Referring Provider _____ Phone _____

PCP (if different) _____ Phone (backline) _____ Fax _____

Referred Individual's Name _____ DOB _____ Age _____

Gender Identity: Male Female Non-Binary Other Transgender Female/Male-to-Female
 Transgender Male/Female-to-Male

Current Diagnoses _____

Current Medications _____

Primary Insurance _____ Secondary Insurance _____

Caregiver/Contact Name _____ Preferred phone _____

Caregiver/Contact Primary Language _____

Is the referred individual in DCF custody? Yes No

Is the referred individual's caregiver(s)/guardian(s) employed by UMass? Yes No

Does the referred individual currently have a Psychiatrist/Prescriber? Yes No

Name and Phone: _____

Are the current psychiatric providers aware of the request for services in CANDO? Yes No

Does the referred currently have an Individual Therapist In-Home Therapist (IHT)

Other _____

Enter the clinical questions/concerns for CANDO to address with the individual:
