UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER | UMass Chan MEDICAL SCHOOL

Center for Autism and Neurodevelopmental Disorders (CANDO)
100 Century Dr.
Worcester, MA 01606
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*
This is not an urgent clinic. If immediate care is required, please refer patient to local emergency services.

CANDO offers services for children and young adults with neurodevelopmental disorders (such as autism), who also have emotional and behavioral challenges and complex presentations.

Referring Provider: Please complete all fields and include clinical notes with this referral. Incomplete forms will be returned for more information and will delay processing of your request.

Date_____ Referring Provider:_____ Office/Agency _____

Phone_____ Fax _____

Referring Provider Relationship to the Patient: _____

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

DEMOGRAPHICS

Referred Individual's Name_____ DOB_____ Age _____

Gender Identity: ☐ Male ☐ Female ☐ Non-Binary ☐ Other

☐ Transgender Female/Male-to-Female ☐ Transgender Male/Female-to-Male

Caregiver Name_____ Preferred phone _____

Caregiver Primary Language _____

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

Primary Insurance _____Secondary Insurance_____

Is the referred individual in DCF custody? ☐ Yes ☐ No

Current Diagnoses_____

Current Medications_____

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 *SERVICES OUTSIDE OF SCHOOL*

☐ Individual Therapist ☐ In-Home Therapist (IHT) ☐ ABA ☐ Other _____

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

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