

# Dr. Ryan Chan Autism Assessment and Screening Services

Fax. 844-444-1195

email. [getclarity@drryanchan.com](mailto:getclarity@drryanchan.com)

Dear Dr. Ryan Chan:

Re: Patient name \_\_\_\_\_  
DOB: \_\_\_\_\_  
PHN: \_\_\_\_\_  
Address \_\_\_\_\_  
Guardian \_\_\_\_\_  
Primary Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

Guardian consent for email communication:  yes  no

I am referring the above patient for **MSP-covered assessment** (consultation for mental health conditions and developmental screening) to enhance the diagnoses and recommendations of a stand-alone private autism assessment with you. The patient is aware that public autism assessments are available but would rather pursue a private assessment with you.

List any **safety concerns** or relevant history (e.g. diagnoses, medication, active issues or concerns):

- Preferred language:  English  Other (Specify): \_\_\_\_\_
- Please include relevant consults and clinical documentation (e.g. Mental health or neurodevelopmental consults, medical and mental health history, medication records); and
- Fax this form and all documentation to **1 (844) 444-1195**.

Referring Physician name \_\_\_\_\_

MSP billing number \_\_\_\_\_

Fax: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_