



## **Autism Spectrum Disorder Evaluation Information**

**RETURN COMPLETED FORMS TO:**  
**AUTISM BEHAVIORAL CONSULTING**  
3200 W. 49th Street  
Sioux Falls, SD 57106

Thank you for your interest in an Autism Spectrum Disorders Evaluation. The information below will provide you with the process for starting a referral to our office.

Complete the following forms which are located on our website under the "FORMS" tab:

1. Referral Form (adult or child)
2. Release of Information
3. Purchase of Service form (adult or child)

Send or email the completed forms to ABC at the address above. When we have received the completed forms, we will schedule the evaluation. Please understand that we do not bill any private insurance including Medicaid.

If you have any questions about this process please contact Brittany Schmidt, Autism Behavioral Consulting at: [info@abc-autism.com](mailto:info@abc-autism.com) or 605-351-1002.