



One Monarch Place · Suite 1500  
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 hne.com

**APPLIED BEHAVIOR ANALYSIS (ABA)  
 DIAGNOSTIC AND FUNCTIONAL ASSESSMENT  
 PRIOR AUTHORIZATION REQUEST FORM**

**BEHAVIORAL HEALTH DEPARTMENT  
 PHONE: (413) 787-4000, EXT. 5028 FAX: (413) 233-2800**

**Fax completed form to the HNE Behavioral Health Department**

1. Client's Name: \_\_\_\_\_ Client's Date of Birth: \_\_\_\_\_
2. Client's HNE ID #: \_\_\_\_\_
3. Client's Parent[s] or Legal Guardian[s]: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Provider's Name: \_\_\_\_\_ License: \_\_\_\_\_ HNE Provider ID #: \_\_\_\_\_
5. Street Address: \_\_\_\_\_
6. Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Office Contact: \_\_\_\_\_
7. Referral Source: \_\_\_\_\_ License: \_\_\_\_\_ Specialty: \_\_\_\_\_
8. Relationship to Client: \_\_\_\_\_
9. Current Providers: \_\_\_\_\_  
 \_\_\_\_\_
10. School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ SPED Status: \_\_\_\_\_

**DIAGNOSIS**

1. Axis I: Primary \_\_\_\_\_ Source \_\_\_\_\_ Specialty \_\_\_\_\_  
 Secondary \_\_\_\_\_ Source \_\_\_\_\_ Specialty \_\_\_\_\_  
 Axis II: \_\_\_\_\_ Source \_\_\_\_\_ Specialty \_\_\_\_\_  
 Axis III: \_\_\_\_\_
2. Case Summary and Reason Assessment is needed/Specific Questions to Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Assessment Measures Planned: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Anticipated Date[s] of Assessment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Signature of Assessment Provider: \_\_\_\_\_ Date \_\_\_\_\_