



## **Diagnostic Evaluation Form (Medi-Cal)**

**Completed by Physician, Pediatrician, Neurologist, or Licensed Clinical Psychologist  
(MD/DO/PhD/PsyD)**

*Information provided will be protected in accordance with HIPAA requirements and other  
applicable confidentiality regulations*

### **Patient Information:**

Patient's Last Name/First Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

### **Provider Information:**

Name of Provider: \_\_\_\_\_ License/Certification/Fed Tax ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### **Evaluation/Assessment Information:**

Date of Evaluation/Assessment: \_\_\_\_\_

#### **1. Summary of Identified Behavioral Excesses and Deficits:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Speech Delay               | <input type="checkbox"/> Poor Eye Contact     | <input type="checkbox"/> Low Social Response |
| <input type="checkbox"/> Low Peer Interaction       | <input type="checkbox"/> Repetitive Behaviors | <input type="checkbox"/> Hyperactivity       |
| <input type="checkbox"/> Preoccupation of Interests | <input type="checkbox"/> Stereotypic Movement | <input type="checkbox"/> Echolalia           |
| <input type="checkbox"/> Self-Injury                | <input type="checkbox"/> Aggression           | <input type="checkbox"/> Elopement           |

**2. Is BHT/ABA Treatment Assessment Recommended:** (yes/no) \_\_\_\_\_

**3. If a diagnosis for ASD has not been made, is a CDE recommended?:** (yes/no) \_\_\_\_\_

#### **4. Behavioral Health Diagnosis:**

Primary Code: \_\_\_\_\_

Secondary Code: \_\_\_\_\_

#### **5. Medical Diagnosis:** \_\_\_\_\_

Describe any medical condition that could be causing or contributing to behavioral excesses or  
deficits described above: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

\* Return Completed Diagnostic Evaluation Form to:

**Email:**

[ASGCare.Managers@carelon.com](mailto:ASGCare.Managers@carelon.com)

**Fax:**

**877-321-1776**