



Oliver Behavioral Consultants

Faster Access to the Care You Trust!

We are dedicated to delivering evidence-based, socially impactful treatments that create meaningful change.

At Oliver Behavioral Consultants, we take a collaborative approach across departments, offering **Diagnostic Evaluations for Autism Spectrum Disorder (ASD) and Intellectual and Developmental Disabilities (IDD), Mental Health Therapy, Speech Therapy, Occupational Therapy, and Applied Behavior Analysis Therapy.**

We are pleased to share that our waitlists are shorter than average across all services, including Diagnostic Evaluations. This means your patients can access high-quality care sooner. **For specific wait times, please contact our Client Services team at (720) 459-7493.**

We sincerely appreciate your trust in us with your referrals and look forward to continuing our work together. To make the referral process easy, we've attached a referral form for you.

Thank you for your continued support!

Sincerely,
Christine Brownfield
Partner Relationship Coordinator

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Oliver Behavioral Consultants

Mental Health

Children with access to mental health services are more likely to excel academically and have improved social skills. *(Source: Center for Health and Health Care in Schools)*

Early intervention for mental health concerns can significantly reduce the risk of more severe disorders developing later in life. *(Source: National Institute of Mental Health)*

Occupational Therapy (OT)

OT has been shown to improve self-care skills and independence in children with developmental delays and disabilities. *(Source: American Occupational Therapy Association)*

Children who receive OT services often experience enhanced motor skills, sensory integration, and improved academic performance. *(Source: American Journal of Occupational Therapy)*

Speech Therapy (ST)

Speech therapy has been found to improve communication skills in children with speech and language disorders, leading to increased self-confidence and better social interactions. *(Source: American Speech-Language-Hearing Association)*

Early intervention with speech therapy can significantly improve a child's chances of catching up to their peers in language development. *(Source: National Institute on Deafness and Other Communication Disorders)*

Applied Behavior Analysis (ABA)

ABA therapy has been shown to be highly effective in improving behaviors, communication, and social skills in children with autism spectrum disorder (ASD). *(Source: Association for Science in Autism Treatment)*

Children who receive ABA therapy early in life often demonstrate substantial improvements in adaptive behaviors and long-term outcomes. *(Source: Journal of Autism and Developmental Disorders)*

ASD Diagnostics

Diagnosing autism spectrum disorder (ASD) can be difficult because there is no medical test, like a blood test, to diagnose the disorder. Doctors look at the child's developmental history and behavior to make a diagnosis. ASD can sometimes be detected at 18 months of age or younger.

Intellectual or Developmental Disability (IDD)

What is IDD? An intellectual or developmental disability, also called IDD, includes many severe, chronic conditions that are due to mental and/or physical impairments. IDD can begin at any time, up to 22 years of age.

Patient Referral Form

*Required Fields

- | | | |
|-----------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> ABA Therapy | <input type="checkbox"/> Onsite Autism Diagnostics | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Intellectual or Developmental Disability (IDD) |



Patient Information

Full Name

_____ Last*	_____ First*	_____ Middle
_____ Address*		_____ Apartment Number
_____ City*	_____ State*	_____ Zip*
_____ Date of Birth*	_____ Diagnosis*	Gender Assigned at Birth* <input type="checkbox"/> Male <input type="checkbox"/> Female

Primary Guardian Information

Full Name

_____ Last*	_____ First*	_____ Middle
_____ Address*		_____ Apartment Number
_____ City*	_____ State*	_____ Zip*
_____ Date of Birth*	_____ Relationship to Client*	_____ Email address*
_____ Home Phone Number*	_____ Cell Phone Number*	_____ Employer*
_____ Social Security Number*	_____ Parent/Guardian's Preferred Language	

Insurance Information

_____ Primary Insurance Company*	_____ Policy ID Number*	_____ Group Number*
_____ Primary Insurance Phone Number*	_____ Policy Holder Name*	_____ Relationship to Client*
Are you receiving State-Funded Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ If yes, State plan & ID Number

Behavior Concerns

Please list current behavior concerns for the patient (Eg: Language/Communication, aggression, academic/cognitive skills, Community participation, appropriate play/leisure skills, etc.)

Referring Physician Information

_____ Physician Name	_____ Physician Number	_____ Fax Number*	Page-3
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