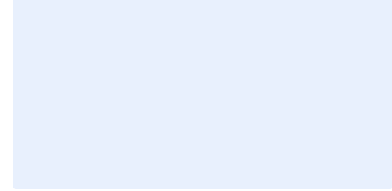


[Organization Logo]



Autism Spectrum Disorder Diagnostic Assessment & Consultation

Date of Assessment/Diagnosis: Click or tap to enter a date.

Full Legal Name of Child: Click or tap here to enter text.

DOB of Child: Click or tap to enter a date.

Full Legal Name of Parent/Guardian: Click or tap here to enter text.

Address: Click or tap here to enter text.

To Whom It May Concern,

The above named child was seen on [DATE] by [NAME OF REGULATED HEALTH PROFESSIONAL WITH DIAGNOSTIC CAPACITY & CREDENTIALS] at [CLINIC LOCATION (FULL MAILING ADDRESS & CONTACT)]. The result of the assessment was a diagnosis of Autism Spectrum Disorder based on DSM-5 criteria.

Sincerely,

[SIGNATURE OF REGULATED HEALTH PROFESSIONAL WITH DIAGNOSTIC CAPACITY]

[OFFICE]