



Professional & Parent Consultation Enrollment/Cancellation Form

LET'S GET STARTED

1. Schedule your Free Initial Consultation (see link on the AOC website). The free consultation is optional.
2. Complete and sign *Enrollment/Cancellation Form*. Please a) mail completed form to Autism On Call, PO Box 621371, Littleton CO 80162, or b) scan or take pictures of this form and email to Elizabeth@rockymountainautismcenter.com Please send the entire form (5 pages).
3. Submit *Full Payment* (see Consultation Cost below). Payment may be made by: a) PayPal (use link on AOC Consultation Page), b) personal check, c) money order, or d) agency/school purchase order (PO). Check, money order or PO can be mailed along with the completed *Enrollment/Cancellation Form*. Please make your check, money order or PO payable to: Autism On Call, LLC.
4. Upon receipt of the Completed *Enrollment/Cancellation Form* and *Full Payment* you will be contacted by an AOC Representative to schedule your consultation(s) and provide you with video conference instructions.

CONSULTATION COST

Families and Agencies have the option of scheduling either 1 consultation session (total cost \$150.00) or 6 consultation sessions (total cost \$800.00, at a savings of \$100.00). Consultation sessions may occur a) every other week, b) monthly, or c) quarterly.

STILL HAVE QUESTIONS ABOUT GETTING STARTED?

Please feel free to contact us at Elizabeth@rockymountainautismcenter.com

*Autism On Call, Dr. Patrick Rydell
PO Box 621371 Littleton, CO 80162
www.autismoncall.com*



Name of Child: _____

Age/DOB: _____

Mother's Name: _____

Father's Name: _____

Professional's Name: _____

Address, City, State, Zip Code: _____

Mother's Contact Phone: _____

Father's Contact Phone: _____

Professional's Contact Phone: _____

Primary Contact Email: _____

School/Grade: _____

School/Agency Primary Contact Name: _____

Skype Addresses for Primary Contacts: _____

Background Information

Diagnosis: _____

Medications: _____



Supplements: _____

Diet restrictions/special diets: _____

Allergies: _____

Additional Medical Issues that would be important for Dr. Patrick Rydell to be aware of:

Current Challenges & Your Questions

In order to better understand the child's current challenges, please provide background information below.

Social Challenges



Communication Challenges

Behavior Challenges

Family Challenges

School/Community Challenges



Consultation Disclaimer: Information and Q&As on this site are for discussion and educational purposes only and not intended to be a substitute for professional, legal, medical advice, diagnosis or treatment. Do not disregard professional nor medical advice or delay seeking advice or treatment because of information received, read, viewed or discussed as part of Autism On Call on-line services. Written a) evaluations, b) consultation summary reports nor c) treatment plans will not be provided based on Autism On Call on-line consultation services. Autism On Call will not be able to ethically respond to medically-related nor academic proficiency questions.

Reschedules/Cancellations

There will be no refunds. Only one rescheduled consultation session will be allowed based on Dr. Rydell's availability, provided there is a 24-hour notice emailed to Elizabeth@rockymountainautismcenter.com

No other form of cancellation notification will be accepted.

I have read, understand, and agree to the stipulations in this Enrollment/Cancellation Form, August 20, 2019. These policies will remain in effect unless otherwise notified.

Professional(s) / Parent(s) Signature(s)

_____ Date _____

_____ Date _____

Print Professional(s) / Parent(s) Signature(s)

_____ Date _____

_____ Date _____

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