

Date: \_\_\_\_\_

## REFERRAL FORM

### CLIENT INFORMATION

Name: \_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

### REFERRAL SOURCE

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Reason for Referral (Check all that apply):	Presenting Concerns (Check all that apply):
<input type="checkbox"/> Diagnostic Assessment <input type="checkbox"/> Mental Health Therapy <input type="checkbox"/> EMDR <input type="checkbox"/> Psychological Testing <ul style="list-style-type: none"> <li><input type="checkbox"/> Assist with diagnosis</li> <li><input type="checkbox"/> Assist with specific differential</li> <li><input type="checkbox"/> Evaluate current functioning</li> <li><input type="checkbox"/> Legal/decisional capacity</li> <li><input type="checkbox"/> Assess for impacts of psychological factors</li> <li><input type="checkbox"/> Establish a cognitive baseline</li> <li><input type="checkbox"/> Compare to prior eval, assess change</li> <li><input type="checkbox"/> Parenting Assessment</li> <li><input type="checkbox"/> Psychological only (e.g., mood/personality)</li> <li><input type="checkbox"/> Psychosexual evaluation</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Suicidal Thoughts/Behaviors <input type="checkbox"/> Self-Harm <input type="checkbox"/> Substance Use <input type="checkbox"/> Abuse/Trauma <input type="checkbox"/> Cognitive (memory, attention, processing, executive functions) <input type="checkbox"/> Psychological (depression, anxiety, personality change) <input type="checkbox"/> Other: _____
<b>Additional Information:</b>  	

*Provider Check-List:*

- Complete and send release(s) of Information
- Provide recent Diagnostic Assessments and/or Testing
- Send via secure email, fax, or mail