



Psychological Assessment Referral Form

Please send this referral form, along with visit note and pictures of insurance cards, to our referral fax (Attn: Referral (855)-492-1625) or email (referral@tidalintegratedhealth.com). Appointment/testing dates will be provided via email.

<p>Patient Info:</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Guardian: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Email Address: _____</p>	<p>Provider Info:</p> <p>Referral Date: _____</p> <p>Name: _____</p> <p>Provider NPI: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>		
<p>Diagnosis(es) and ICD-10 Code(s):</p>			
<p>Reason for Referral (Check all that apply):</p> <p><input type="checkbox"/> Assist with diagnosis</p> <p><input type="checkbox"/> Evaluate current functioning/strengths/limitations</p> <p><input type="checkbox"/> Requested by insurance/managed care organization</p> <p><input type="checkbox"/> Compare to prior evaluation/second opinion</p>	<p>Assessment(s) Requested (Check all that apply):</p> <p><input type="checkbox"/> ADHD Evaluation</p> <p><input type="checkbox"/> ASD Evaluation</p> <p><input type="checkbox"/> Developmental Evaluation</p> <p><input type="checkbox"/> Educational/Academic Evaluation</p> <p><input type="checkbox"/> Gifted and Talented Assessment</p> <p><input type="checkbox"/> Intellectual Functioning</p>		
<p>Primary Concerns:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Inattention</p> <p><input type="checkbox"/> Hyperactivity</p> <p><input type="checkbox"/> Sensory sensitivities/interests</p> <p><input type="checkbox"/> Atypical behavior</p> <p><input type="checkbox"/> Self-injurious behavior</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><input type="checkbox"/> Withdrawal/limited social interaction</p> <p><input type="checkbox"/> Academic concerns</p> <p><input type="checkbox"/> Learning problems</p> <p><input type="checkbox"/> Developmental delay</p> <p><input type="checkbox"/> Cognitive/intellectual concerns</p> <p><input type="checkbox"/> Memory concerns</p> <p><input type="checkbox"/> Comprehension difficulties</p> </td> </tr> </table>		<p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Inattention</p> <p><input type="checkbox"/> Hyperactivity</p> <p><input type="checkbox"/> Sensory sensitivities/interests</p> <p><input type="checkbox"/> Atypical behavior</p> <p><input type="checkbox"/> Self-injurious behavior</p>	<p><input type="checkbox"/> Withdrawal/limited social interaction</p> <p><input type="checkbox"/> Academic concerns</p> <p><input type="checkbox"/> Learning problems</p> <p><input type="checkbox"/> Developmental delay</p> <p><input type="checkbox"/> Cognitive/intellectual concerns</p> <p><input type="checkbox"/> Memory concerns</p> <p><input type="checkbox"/> Comprehension difficulties</p>
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