



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> <ul style="list-style-type: none"> <input type="checkbox"/> Assist with diagnosis <input type="checkbox"/> Evaluate current functioning/strengths/limitations <input type="checkbox"/> Requested by insurance/managed care organization <input type="checkbox"/> Compare to prior evaluation/second opinion 	<p>Assessment(s) Requested (Check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> ADHD Evaluation <input type="checkbox"/> ASD Evaluation <input type="checkbox"/> Developmental Evaluation <input type="checkbox"/> Educational/Academic Evaluation <input type="checkbox"/> Gifted and Talented Assessment <input type="checkbox"/> Intellectual Functioning 										
<p>Primary Concerns:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 0;"> <ul style="list-style-type: none"> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Inattention <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Sensory sensitivities/interests <input type="checkbox"/> Atypical behavior <input type="checkbox"/> Self-injurious behavior </td> <td style="width: 50%; vertical-align: top; padding: 0;"> <ul style="list-style-type: none"> <input type="checkbox"/> Withdrawal/limited social interaction <input type="checkbox"/> Academic concerns <input type="checkbox"/> Learning problems <input type="checkbox"/> Developmental delay <input type="checkbox"/> Cognitive/intellectual concerns <input type="checkbox"/> Memory concerns <input type="checkbox"/> Comprehension difficulties </td> </tr> </table>		<ul style="list-style-type: none"> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Inattention <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Sensory sensitivities/interests <input type="checkbox"/> Atypical behavior <input type="checkbox"/> Self-injurious behavior 	<ul style="list-style-type: none"> <input type="checkbox"/> Withdrawal/limited social interaction <input type="checkbox"/> Academic concerns <input type="checkbox"/> Learning problems <input type="checkbox"/> Developmental delay <input type="checkbox"/> Cognitive/intellectual concerns <input type="checkbox"/> Memory concerns <input type="checkbox"/> Comprehension difficulties 								
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