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Referral for: □ **Neuropsychological/Psychological Testing**

If Testing, page 2 must be completed.

□ **Psychiatric Medication Management**

**This practice does not provide counseling/therapy services.

Date: _____

Referring Provider Name & NPI: _____

Clients Name: _____

DOB: _____ Age: _____ Gender: _____

Parent/Guardian Name: _____

Phone Number for scheduling: _____

Current Mailing Address/Physical Address: _____

_____

Current Insurance:_____Insurance ID/Number _____

Diagnostic Rule Out: _____

(Be specific, i.e. ADHD alone is not considered medically necessary for testing.)

Describe specific problems/symptoms and onset:_____

_____

_____

_____

History of TBI (Traumatic Brain Injury): Yes or No.

If yes, When? Was she/he treated? _____

_____

For children, is there a current IEP ?: _____

Referral for Neuropsychological/Psychological Testing

Alaska PSYCHOLOGICAL SERVICES, LLC

Today's Date:

Patient Name: _____

Date of Birth: _____

Scheduling Contact: _____

Phone Number: _____

Gender: Male ____ Female ____

Referring Provider: _____

Referring Provider NPI No: _____

Referring Provider Phone: _____

Referring Provider Fax: _____

Include records that support medical necessity.

Check all problems that apply:	Current	Past
Poor social support		
Substance Abuse		
Witnessed Domestic Violence		
Divorce		
Employment problems		
Transportation problems		
Difficulty managing finances		
Living Independently		
Incarceration		
Probation		
Homelessness		
Death in the family		
Mental Illness		
Psychiatric Hospitalization		
Suicide Attempt(s)		
Psychiatric Medication(s)		
Delirium		
Autism		
Dementia		
Mental Retardation		
Interpersonal difficulties		
Psychosis		
ADHD		
Depression		
Anxiety		
PTSD		
Bipolar		
Sexual/Physical Abuse		

Check all problems that apply:	Current	Past
Seizures		
Toxin Exposure (FASD)		
Loss of Consciousness		
Anoxia/Hypoxia		
Heart Problems		
Overdose		
Inhalant Use		
Diabetes		
Chronic Pain		
Sleep Disorder/sleep problems		
Memory-short term		
Memory-long term		
Planning and organization		
Problem solving		
Learning new information		
Following directions		
Eating/Dressing/Toileting Prob		
Communication		
Attention/Concentration		
Judgement		
Decision making		
Comprehension problems		
Speech problems		
Fine Motor problems		
Vision problems		
Hearing problems		
Stay seated less than 30 mins		
IEP at school		

Notes:

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