INSIGHT PSYCHOLOGY, PLLC
www.insightpsychww.com
Phone: (509) 876-1793
Fax: (877) 991-1631

Confidential

Psychological Assessment Referral Form

Note: A fillable electronic version of this form can be downloaded from www.pavelblagov.com.

Patient information

First name: _____
Last name: _____
Date of birth: _____
Account or chart #: _____
Phone number(s): _____
Primary insurance: _____
Insurance ID #: _____
☐Yes ☐No Patient does own scheduling.*
☐Yes ☐No Patient/guardian will call.
☐Yes ☐No Patient/guardian agreed to be called.
* Parent/guardian/party responsible for scheduling:
Names and relationship: _____
Contact information: _____

Referring clinician

First name: _____
Last name: _____
Degree/specialty: _____
Agency: _____
Street address: _____
Suite: _____
City, state: _____
ZIP code: _____
Office phone: _____
Office fax: _____
Other info:

Signature: _____

Service requested (choose one):

☐ Psychodiagnostic testing/assessment;
☐ Neuropsychological testing/assessment (needs physician consultation and approval).

Note: Psychoeducational, vocational, and court-ordered/forensic testing services are available, but they do not receive approval for reimbursement from health insurance companies as a general rule.

If an **injury** is involved, is the condition: ☐ Acute; ☐ Subsequent; ☐ Chronic/sequelae.
If **lateralization** is relevant to the case, is it: ☐ Right; ☐ Left; ☐ Bilateral; ☐ Unknown.

Assessment is needed because (choose all that apply):

☐ Diagnosis remains ambiguous following physical exam, clinical interview, and observation;
☐ There has been poor response or no response to treatment intervention for undetermined reasons;
☐ Objective standardized testing will significantly impact treatment planning and outcome.

Current working diagnosis/es (or conditions, signs, symptoms)**:**

Diagnosis/es to be ruled out:

Additional referral question(s), if any:

Mental health clinicians only: **Behavioral evaluation date: .**

Please **fax** this form **(along with chart notes)** to 877-991-1631 or mail it to the address below.

885 Hedine Rd., Walla Walla, WA 99362
www.insightpsychww.com