

## Child and Adolescent PFCA Psychological Testing Referral Form

Name of Person Requesting Psychological Testing: _____	
Date of Request: _____	
Phone Number of Person Making Request: _____	
Address of Person Making Request: _____ _____	
Relationship to the Youth of Person Making Request (e.g. parent, doctor, therapist, etc.): _____	
If you are medical or behavioral health provider making this referral, please sign your name here: _____	
Name	Date

<b><u>Demographic Information:</u></b>	
Name of Youth: _____	DOB of Youth: _____
Gender of Youth: _____	Age of Youth: _____
Legal Guardian Name(s): _____	
Mailing Address: _____ _____	
Phone number at which can be reached for scheduling of testing: _____	
Can a voice message be left at this number? _____ YES _____ NO	

<b><u>Insurance Information:</u></b>
Policy Holder Name: _____
DOB of Policy Holder: _____
Insurance Company Name: _____
Insurance Phone Number: _____
Insurance Address: _____ _____
Member ID Number: _____
Group ID Number: _____

<b><u>Referral Questions:</u></b>	<b>YES</b>	<b>NO</b>
Has the youth had psychological testing? If yes, please bring on day of testing		
Has the youth ever had an IEP? If yes, please bring on day of testing		
Is the youth currently receiving therapy?		
Is youth prescribed any psychiatric medications?		
Does the youth have a trauma history?		

<b>Clinical reason(s) for requesting psychological testing:</b>	<b>YES</b>	<b>NO</b>
Concern about social/emotional functioning		
Concern about behavioral functioning		
Change in functioning unexplained by current events		
Concern about appropriate mental health treatment		
Diagnosis unclear		
Not progressing in mental health treatment		
Concern about bonding/attachment issues		
Other (Please specify):		

<b>Areas of Concern:</b>	<b>YES</b>	<b>NO</b>
Inattention		
Hyperactivity/Distractibility		
Anxiety		
Obsessive compulsive concerns		
Schizophrenia/Psychosis (hallucinations)		
Dissociation		
Posttraumatic Stress		
Somatic Complaints		
Depression		
Mania/Hypomania		
Mood swings		
Poor anger control		
Disruptive Behaviors/Impulse Control		
Noncompliance		
Poor peer relations		
Eating Disorders		
Personality changes		
Tics		
Suicidal Ideation (PFCA Outpatient psychological testing is not an emergency service. If you or the person you are referring are in crisis and in need of immediate assistance please call 911)		
Homicidal Ideation (PFCA outpatient psychological testing is not an emergency service. If you or the person you are referring are in danger of hurting someone else and in need of immediate assistance please call 911)		
Other (Please specify):		

**Please provide any additional information that you believe would assist us:**

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**If you have any questions regarding this referral, please contact us at (505) 272-2190**