PALMETTO PSYCHOLOGICAL

p 864.735.0604 | f 864.529.9833
832 Wade Hampton Boulevard, Suite 211
Greenville, SC 29609
www.palmettopsych.com

REFERRAL FOR PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING

Palmetto Psychological is not in network with any insurance plan. Some insurance plans will reimburse clients for fees paid to out of network providers for *medically necessary* evaluations.

FROM

Referring Provider _____ **Phone** _____

Referring Provider's Signature _____ **Date** _____

PATIENT INFORMATION

Last Name _____ **First Name** _____ **Middle Initial** _____

Date of Birth _____ **Phone** _____

If the Patient is a minor, _____
Name of Parent(s)/Guardian(s)

REFERRAL INFORMATION

☐Yes ☐No **Has the patient had previous neuropsychological or psychological testing?**

☐Yes ☐No **Has the patient had previous educational testing and/or receives/d specialized instruction or intervention (BabyNet) services?**

☐Yes ☐No **Has the patient the patient been previously diagnosed with a neurodevelopmental disorder (ASD, ADHD, SLD, dyslexia, ID, etc.?)**
Please specify: _____

Please indicate your reason(s) for referring this patient:

☐ **Developmental delays**
☐Cognitive ☐Communication ☐Motor Skills ☐Socialization

☐ **Testing for autism spectrum disorder**

☐ **Testing for attention-deficit/hyperactivity disorder**

☐ **Testing for learning problems**
☐Reading ☐Written Expression ☐Mathematics

☐ **Concern(s) for social, emotional or behavioral functioning**
Please specify: _____

☐ **Re-evaluation to determine present levels of functioning**

☐ **Other.** Please specify: _____

Please submit form by fax to 864-529-9833 or email to referrals@palmettopsych.com