

Carol Pulley M.A.
Referral Form - PSYCHOLOGICAL EVALUATION
Child & Adolescent Referral

Please fax to: 888-544-6736
 If you have questions, please contact
 me at: 828-964-8790 or
 cpulley@itherapy.com.

CONSENT FOR EVALUATION

Client Name: _____ **Client's Date of Birth:** _____

I, (Parent or Legal Guardian) _____, give my consent for (Child) _____ to complete a Psychological Evaluation through Carol Pulley M.A. I understand that the information provided is strictly confidential and will be released only to agencies or individuals specifically designated by me in writing. I am aware, however, that information may be released without consent in the case of a medical emergency or if the information is court ordered. I am also aware that Mentor Behavioral Healthcare is legally required to report incidence of child abuse and disabled adult abuse.

EXCHANGE OF INFORMATION

Are there any agencies or individuals whom we should contact to obtain records or other information? If so, please list the names and numbers below.

I hereby authorize Carol Pulley M.A.:

AND

_____ County Schools

	Name & Facility	
<input type="checkbox"/> Other School		_____
<input type="checkbox"/> Therapist/counselor		_____
<input type="checkbox"/> Family Physician		_____
<input type="checkbox"/> DSS Case Worker		_____
<input type="checkbox"/> Other (specify)		_____
<input type="checkbox"/> Other (specify)		_____

to exchange verbal information and written information in my/client's record including (check all that apply):

- screening
- admission assessment
- evaluations
- person centered plan
- progress notes
- IEP's
- other (specify): _____

I understand this information will be used for the completion of psychological evaluation and recommendations for treatment. I hereby acknowledge that this consent is truly voluntary and is valid for one year unless otherwise specified. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. I understand these conditions and I fully and freely give my consent for treatment and exchange of information.

_____ Date _____ Witness _____ Date

Insurance requires the following questions be provided:

1. **What clinical information about the individual is already available?** Available clinical information should be reviewed before conducting psychological testing.

2. **What questions will be addressed by psychological testing?** Specific questions to be addressed should be identified before referring for psychological testing.

3. **Can these questions be addressed through diagnostic interviewing, including a psychiatric evaluation?**

Most information needed for the treatment of mental health and substance use disorders can be obtained as well or better through skillful diagnostic interviewing. However, some issues such as intellectual functioning, adaptive functioning, and the presence of possible thought disorders may be better identified and understood through formal psychological testing.

Here are some situations where the service will not be authorized

Limitations:

Psychological Testing is not covered in the following situations:

- Testing conducted primarily for educational purposes, including for cognitive abilities, learning disabilities and academic achievement. Testing for the purpose of qualifying for services that are covered under applicable State or Federal Special Educational laws.
- Vocational referrals, including the need for Vocational Rehabilitation services, job placement, vocational interests and aptitudes, or fitness for duty.
- Legal referrals from attorneys in preparation for criminal or civil court proceedings.
- Court-ordered evaluations that would not be otherwise considered medically necessary under these guidelines. Note: Multidisciplinary Evaluations to determine the need for guardianship and Forensic Evaluations to determine competence to participate in legal proceedings have alternative referral and funding mechanisms through the LME/MCO.
- Requests for information about parenting skills or the capacity to parent from the Department of Social Services or courts
- Testing for the routine diagnosis of Attention Deficit / Hyperactivity Disorder (ADHD). Suspected ADHD can be diagnosed or ruled out in most situations through careful diagnostic interviewing and gathering of information from collateral resources such as parents and teachers. ADHD questionnaires are often useful in obtaining such input, and do not require Psychologists to administer.
- Testing for basic screens or other self-report inventories that are normally completed as part of a comprehensive clinical evaluation
- Testing conducted primarily for the titration of medication
- Repeated testing on a routine or periodic basis that does not otherwise meet the requirements of these guidelines. An exception is repeated intellectual and adaptive testing for minors with previously identified intellectual or developmental disabilities in order to determine continued eligibility for I/DD treatment services every three years.

In addition to our referral form please provide any information which can help to receive insurance approval:

Prior Assessment Information

Date Most Recent Comprehensive Clinical Assessment:					
Please Attach? <input type="checkbox"/> Yes <input type="checkbox"/> No			Conducted by:		
Summary of Findings/Recommendations:					
Most Recent Psychiatric Evaluation Psychiatrist: Date:					
Summary of Findings/Recommendations:					
Prior Psychological Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date(s):				By whom?:	
Summary of Findings:					
Current Diagnoses:		Current GAF:			
Axis I:		Axis II:			
Axis III:		Axis IV:			
Leveling Tool Scores:	LOCUS:	CALOCUS:	ASAM:	NC-SNAP:	SIS:

Reason for Testing

What clinical questions will be answered by the proposed testing?
Why can this information not be obtained through diagnostic interview?
How will testing results support/enhance the consumer's treatment?

Please do not hesitate to contact me if you have questions or need additional information. Please fax or email to:

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