SUBMIT TO:

Psychological and Neuropsychological Testing Request Form

Please print clearly – incomplete or illegible forms will delay processing.

Member Information

Patient Name: _____

Health Plan: _____

DOB: _____

SS#: _____

Patient ID#: _____

Referral Source: _____

DSM IV Axis

AXIS I R/O R/O

AXIS II _____

AXIS III _____

AXIS IV _____

AXIS V _____

Has the patient had a psychiatric medication evaluation (e.g., 90801)?

❑ Yes ❑ No Date: _____

Results: _____

_____

_____

If psychiatric medication evaluation was completed, what are the current medications?

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Was Previous Psychological Testing Conducted?

❑ Yes ❑ No Date: _____

Basic Focus and Results: _____

_____

_____

What are the Current Symptoms Prompting the Request for Testing?

❑ Anxiety
❑ Depression
❑ Self-Injurious Behavior
❑ Eating Disorder Symptoms
❑ Withdrawl/Poor Social Interaction
❑ Mood Instability
❑ Behavior Problems at School
❑ Bizarre Behavior
❑ Unprovoked Agitation/Agression
❑ Memory Issues
❑ Loss of cognitive function
❑ Confusion
❑ Hypoactivity
❑ Poor Academic Performance
❑ Behavior Problems at Home
❑ Psychosis/Hallucinations
❑ Inattention
❑ Hyperactivity

Additonal Symptoms:

Provider Information

(Please indicate by checking below, whether requested services should be authorized to the provider or agency.)

❑ Provider _____

❑ Group/ Agency Name: _____

Professional Credential: ❑ MD ❑PhD ❑ Other: _____

Physical Address: _____

_____

PHONE: _____ FAX: _____

Medicaid/TPI/NPI#: _____ Tax ID#: _____

IF ADHD is a diagnostic rule out, please complete the following:

Indicate name and results of standardized ADHD Rating:

_____

❑ Positive ❑ Negative ❑ Inconclusive ❑ Not Applicable

If the patient is a child, please indicate the collateral information you have obtained from the school regarding cognitive/academic functioning (i.e. teacher feedback, results from standardized testing) _____

_____

_____

What are the referral questions to be answered? _____

_____

_____

_____

_____

_____

Test	Hrs Requested	Hrs Approved

Total Hrs Approved _____