

REFERRAL FORM: PSYCHOLOGICAL ASSESSMENT SERVICES

SUBJECT'S DEMOGRAPHIC INFORMATION:

Family Name: _____ First name: _____

D.O.B.: ____/____/____ Phone : _____ (Cell)
 _____ (Home)
 _____ (Work)

Email address: _____

If services are requested for a **Veteran**: K# _____

Other First Responders ID#: _____

If services are requested for an adjudication or a return to work: Claim # _____

REFERRING AGENT:

Agency: _____ Referring agent: _____

Office Phone #: _____ Cell #: _____ Fax #: _____

Email address: _____

TYPES OF SERVICE REQUESTED: (Check one or more)

<u>Forensic assessments:</u>	<u>Clinical assessments:</u>
<ul style="list-style-type: none"> • Risk of physical violence <input type="checkbox"/> • Risk of sexual violence <input type="checkbox"/> • NBRB <input type="checkbox"/> • Psychological health and fitness <input type="checkbox"/> • Other <input type="checkbox"/> _____ _____ 	<ul style="list-style-type: none"> • Full Cognitive Assessment (Intelligence, memory, attention, executive functions) <input type="checkbox"/> • Full Psychodiagnostic Assessment (personality, psychopathologies, functional abilities) <input type="checkbox"/> • Cognitive Abilities <input type="checkbox"/> • Memory Abilities <input type="checkbox"/> • Executive Functions <input type="checkbox"/> • Occupational/Residual employability <input type="checkbox"/> • Return to Work <input type="checkbox"/>

Date at which the assessment is requested: _____

Referral Question(s): Please specify the information you are seeking. E.g. risk of sexual violence toward children, in general, or toward a specific person; fitness to return to work)

Please indicate which applies:

Mental Health Diagnosis? yes no Unknown

Known Criminal Record? yes no Unknown

If yes, specify: _____

Suicidal concerns: yes no Unknown

Homicidal concerns: yes no Unknown

If known, prescribed medications (in particular, psychotropics, anxiolytics and antidepressants):

Other information relevant to this referral: _____

PLEASE ATTACH OR FORWARD ANY PERTINENT DOCUMENTATION (psychological and psychiatric reports, other relevant medical information, police report, victim statements and/or victim impact statements, etc.).