



Psychological Solutions of Lake Norman is a private psychological practice dedicated to providing quality psychological and neuropsychological evaluations to children, adolescents, and adults.

Please fill out the following information and we will call the client once we receive this form and schedule an appointment with the appropriate provider. Thank you!!

Patient Information

Patient's Name: _____

Patient's DOB: _____

Patient Primary Language: _____

Contact Information

Name: _____

Relationship: _____

Phone Number: _____ Home Mobile

Email address: _____

Reason for Scheduling: Please check one or write in symptoms / concerns below

ADHD (4-21)

Autism Spectrum (4-17)

Behavior Disorder (ex:ODD)

Learning Concerns (ex:dyslexia)

Brain Injury

Epilepsy

Neurodevelopmental Condition

Intellectual Disability

Depression/Anxiety

Gifted/ Early Kindergarten

Other: _____

****Please Note: We do not offer counseling services, only targeted evaluations****

Patient Insurance Information

Secondary Coverage:

Plan Name: _____

Name: _____

Policy Holder: _____

Holder: _____

PolicyHolder DOB: _____

Holder DOB: _____

Member ID: _____

Member ID: _____

Group #: _____

Group #: _____

Please email completed form and last 3 office visit notes to reception@psychsolutionsoflkn.com or fax to 704-663-2554.