VEEMAH Integrated Wellness and Consulting Services, LLC
5701 Kentucky Avenue North, Suite 100 Crystal,
Minnesota 55428
Office:(763) 202-4767 Cell: (763) 228-8086
fax: 763-355-5718 info@veemahconsulting.com

Provider Referral for Psychological Testing

Thank you for your referral for psychological testing and evaluations with VEEMAH Consulting.

To begin the process, please complete the attached referral form for your client. If you prefer, you may also send your own referral form if it includes the required information. Once received, we will process the referral and contact the client directly when/if appointments are available. **We kindly ask that you inform the client of this referral prior to submission.**

Questions? Contact us at **763-202-4767** (Monday–Friday, 9:00 AM – 4:30 PM)

Send completed form by fax to 763-355-5718 or by email to info@veemahconsulting.com

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Client Information

- **Full Name:** _____
- **Date of Birth:** _____ / _____ / _____
- **Phone Number for Scheduling:** _____
- **Guardian Name(s) (if applicable):** _____
- **Clients Insurance Provider/Details:** _____

Referral Details

- **Type of Testing Requested:**
  - ☐ ADHD
  - ☐ Autism Spectrum
  - ☐ IQ/Adaptive
  - ☐ Diagnostic Clarification
  - ☐ Other: _____

Brief Reason for Referral:

Referring Provider Information

- **Date Referral Made**: _____
- **Name:** _____
- **Title/Role:** _____
- **Clinic/Agency Name:** _____
- **Phone:** _____
- **Fax (if applicable):** _____
- **Email:** _____
