

Advanced Cognitive Health

Referral Request Form

Thank you for your referral to Advanced Cognitive Health. Please complete the information below to help us better understand the reason for referral. Submission of this form does not establish services. A member of our team will contact the individual or referring provider, as appropriate, regarding next steps.

Referring Provider Information

Provider Name: _____

Practice/Organization: _____

Title: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email

Client Information

Client Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Parent/Guardian (if applicable): _____

Reason for Referral

Please select the primary reason(s) for referral:

☐ Psychological Evaluation

- ☐ Diagnostic Clarification
 - ☐ ADHD Evaluation
 - ☐ Cognitive Assessment
 - ☐ Learning Concerns
 - ☐ Mood or Anxiety Concerns
 - ☐ Behavioral Concerns
 - ☐ Trauma-Related Concerns
 - ☐ Substance Use Concerns
 - ☐ Treatment Recommendations
 - ☐ Other: _____
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Presenting Concerns

Please briefly describe the concerns prompting this referral:

Relevant History

Please include any information that may assist in the evaluation process (previous diagnoses, treatment history, medications, educational concerns, or other relevant information).

Supporting Documentation

If available, please include:

- ☐ Previous psychological evaluations
 - ☐ Medical records
 - ☐ Educational records
 - ☐ Individualized Education Program (IEP) or 504 Plan
 - ☐ Treatment summaries
 - ☐ Other: _____
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Additional Information

Authorization

I certify that the information provided is accurate to the best of my knowledge and that appropriate authorization has been obtained, when required, to share this information.

Referring Provider Signature: _____

Date: _____

Questions?

For additional information regarding referrals or our evaluation services, please contact Advanced Cognitive Health. We appreciate the opportunity to collaborate in supporting the cognitive, emotional, and behavioral well-being of those we serve.