



TODD M. SIGLER, PSYD, LP, NCC

REASON FOR THE REFERRAL FOR PSYCHOLOGICAL SERVICES?

<input checked="" type="checkbox"/> SERVICE REQUESTED	EXAMPLES	COVERED BY INSURANCE?
<input type="checkbox"/> MEDICAL WAIVER FOR DISABILITY EXCEPTION	USCIS N-648 form for Naturalization	NO
<input type="checkbox"/> HARDSHIP/BURDEN FOR DEPORTATION PROCEEDING	USCIS Proceeding	NO
<input type="checkbox"/>	E.g., Academic, learning disability, etc.	TBD

PATIENT CONTACT INFORMATION

FIRST: _____ MIDDLE: _____ LAST: _____
 GENDER: _____ DATE OF BIRTH: _____ PRIMARY PHONE #: _____
 EMAIL: _____ RACE/ETHNICITY: _____ LANGUAGE: _____
 ADDRESS: _____ APT# _____
 CITY: _____ STATE: _____ ZIP: _____
 SOCIAL SECURITY #: _____ PERMANENT RESIDENT #: **A** _____ BIRTH COUNTRY: _____

CONTACT INFORMATION FOR SCHEDULING APPOINTMENT & FOLLOW UP

WHO SHOULD I CONTACT TO SCHEDULE?: _____ RELATIONSHIP: _____
 EMAIL → _____ PHONE: _____ CELL WORK HOME

REFERRAL AGENT INFORMATION

REFERRING AGENT (NAME/AGENCY): _____
 ADDRESS: _____
 FAX: _____ PHONE: _____ EMAIL: _____

BACKGROUND AND MEDICAL INFORMATION

CURRENT DIAGNOSES: _____
 CURRENT MEDICATIONS: _____
 PRIMARY CARE PROVIDER: _____

PATIENT FOR WAIVER EVALUATION ANSWER ALL QUESTIONS

HAS THE INDIVIDUAL HAD AN INTERVIEW WITH USCIS AT ANY TIME? YES NO **IF YES, PLEASE FAX/MAIL USCIS FORM(S) AS SOON POSSIBLE.**
 DID THE INDIVIDUAL ATTENDED SCHOOL AS A CHILD? YES NO **IF YES, HOW MANY YEARS?** _____
 HAS THE INDIVIDUAL HAD A CONCUSSION OR HEAD INJURY? YES NO **IF YES, WHEN** _____
 HAS THE INDIVIDUAL HAD A STROKE/NEUROLOGICAL EVENT? YES NO **IF YES, WHEN** _____
 CAN THE INDIVIDUAL READ AT AN ADULT LEVEL IN THEIR LANGUAGE? YES NO
 CAN THE INDIVIDUAL WRITE AT AN ADULT LEVEL IN THEIR LANGUAGE? YES NO

NOTES: _____

PLEASE FAX OR EMAIL THIS COMPLETED FORM TO DR. SIGLER USING THE CONTACT INFORMATION BELOW

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