DIVERSE ASSESSMENTS & TREATMENT, LLC

TODD M. SIGLER, PSYD, LP, NCC

REASON FOR THE REFERRAL FOR PSYCHOLOGICAL SERVICES?

☒	*SERVICE REQUESTED*	*EXAMPLES*	*COVERED BY INSURANCE?*
☐	MEDICAL WAIVER FOR DISABILITY EXCEPTION	USCIS N-648 form	***NO***
☐	HARDSHIP/BURDEN FOR DEPORTATION PROCEEDING	USCIS Proceeding	***NO***
☐	_____	E.g., Academic, learning disability, etc.	***TBD***

PATIENT CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

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 ☐

OK TO CONTACT TO SCHEDULE APPOINTMENT AT/BY? (CHECK ALL THAT APPLY): CELL ☐ WORK ☐ HOME ☐ TEXT MSG ☐ EMAIL ☐ ALL ☐

REFERRAL AGENT INFORMATION

REFERRING AGENT (NAME/AGENCY): _____

ADDRESS: _____

FAX: _____ PHONE: _____ EMAIL: _____

BACKGROUND AND MEDICAL INFORMATION

CURRENT DIAGNOSES: _____ ☐ (OR ATTACH RECORDS)

CURRENT MEDICATIONS: _____ ☐ (OR ATTACH RECORDS)

PRIMARY CARE PROVIDER: _____ ☐ (OR ATTACH RECORDS)

PATIENT FOR *WAIVER EVALUATION* ANSWER ALL QUESTIONS

HAS THE INDIVIDUAL HAD AN INTERVIEW WITH USCIS AT ANT TIME? YES ☐ NO ☐ ***IF YES, PLEASE*** **FAX/MAIL** ***USCIS FORM(S)*** **SOON**.

CAN THE INDIVIDUAL READ IN THEIR NATIVE LANGUAGE? YES ☐ NO ☐ ***IF YES,*** HOW WELL? _____

CAN THE INDIVIDUAL WRITE IN THEIR NATIVE LANGUAGE? YES ☐ NO ☐ ***IF YES,*** HOW WELL? _____

HAS THE INDIVIDUAL ATTENDED SCHOOL IN THEIR LIFE? YES ☐ NO ☐ ***IF YES, HOW MANY YEARS?*** _____

HAS THE INDIVIDUAL HAD A HEAD INJURY OR HEAD TRUMA? YES ☐ NO ☐ **IF YES**, WHEN _____

NOTES: _____

_____

_____

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

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