Carson Center for Adults and Families

Referral for Psychological Assessment

Please complete and fax to ***Malou DeLeon*** 413-572-4104

**** We cannot complete evaluations for Social Security Disability determination.****

****We cannot complete evaluations that may be used for legal purposes.****

***** We only accept MBHP, HNE BeHealthy, and Tufts as the primary insurance for testing*****

Client Name: _____ Age: _____ DOB: _____

Referring Clinician: _____ Clinic:_____ Referral Date: _____

Parent/Guardian (If applicable): _____ Contact Phone #: _____

Address: _____

Employed: *Y / N* Full/Part Student: *Y / N* Grade: ____ School: _____ IEP? Y/N (Attach)

Insurance (Select One): MBHP / HNE / Tufts Policy Number: _____

In treatment since: _____ Is the client making progress? Y/N (Explain) _____

Diagnoses or clinical problem(s): _____

Medications: (please use additional sheet for more medications: *Y/ N*)

Name	Dose	Timing	Reason
	mg	times per day	
	mg	times per day	
	mg	times per day	

Traumatic Brain Injury: *Y / N* Injury Date: _____ Cause: _____

Substance Use Disorder: *No / History / Active / Overdose* Date of last use: _____

Other medical issues: *Y / N* _____

Past psychological testing? *Y / N* If yes when: _____ (Please provide available past reports)

Please indicate your reason(s) for seeking a psychological assessment:

___ Autism Evaluation

___ Diagnostic clarification ___ Treatment recommendations ___ Emotion regulation & processing

___ Personality & Interpersonal style ___ Impulsivity & executive function __ Learning issues

___ Cognitive functioning ___Memory impairment ___ Thought disorders/Reality testing

Describe the symptoms and related consequences (e.g., functional impairment):_____

_____

_____

What is the date of the client's most recent (if applicable): Comprehensive Assessment: _____
CANS: _____BPRS: _____ Other symptom evaluation: _____

Client willingness: none / low / medium / high / very high

Barriers to testing: _____ PT1 transport: *Y / N*

Primary Language: English / Spanish / Other: _____

Rec date: _____ Assign date: _____ Psych Intern: ____ Complete date: _____ Rev: 9/20/2018