

PSYCHOLOGICAL TESTING REFERRAL

PATIENT INFORMATION

Legal Name (Last, First, MI): _____ Date of Birth: _____ Age: _____

Name of caller / Relationship to patient: _____ Gender: Male / Female / Other

Relationship Status: Single / Living with Significant Other / Married / Separated / Divorced / Widowed

U.S. Citizen: Yes / No. If no, what country are you a citizen of? _____

Personal Identification Number (DoD, Social Security or Resident Alien Card): _____

Military Status: No military History / Active Duty / Reserve / Guard / Separated / Retired

Grade in school: ____ / Highest Level of Education: GED / HS / College / Grad School / Prof Degree

School or Employer: _____ Job Title: _____

Legal Address: _____

Primary Phone Number: _____ (Home / Cell) Is it OK to call you here? Yes / No

E-mail Address: _____ Is it OK to e-mail you: Yes / No

Emergency Contact (Name/Relationship): _____ Phone number: _____

ARE YOU A LEGAL GUARDIAN? PLEASE ATTACH DOCUMENTATION TO SUPPORT THIS RELATIONSHIP

GUARDIAN (as applicable): Name: _____ Relationship to Patient: _____

INSURANCE INFORMATION

Primary Insurance Company: _____ Insurance ID Number: _____

Deductible: _____ Co-Pay: _____ Other: _____

ADDITIONAL INFORMATION

Referred by: _____ Primary Care Provider: _____ Pharmacy: _____

Have you been seen by a mental health provider before? Yes / No. If Yes, with whom and why?

REASON FOR APPOINTMENT: **PSYCHOLOGICAL TESTING**

What is the question you would like answered by the psychological testing?

- If psychological testing was previously done, then please bring a copy of that report; copies of school records / report cards and a written list of all your medications to this appointment.
- Do you have special needs such as hearing impaired, illiterate or in need of an interpreter?

Are you at risk to yourself or another now? Yes / No. If yes, refer to SGMC/Greenleaf (247-4357)

Have you ever intentional harmed yourself? Yes / No. If yes, specify what happened and when it occurred:

BMC provider? _____ Appointment Date & Time: _____

All information above is **TRUE**. Print name: _____ Signature: _____