Vantage Point
Adult Psychological Evaluations

Referral Information

Optional fillable template. Share what you are able to and skip anything that does not apply.

> **How to send:** Save this form and attach it to an encrypted contact submission using the Submit A Referral (For Providers) button on my website. That submission asks for the client's name and contact information. Office staff may submit it on your behalf. Please do not send clinical or personal information by unencrypted email. A signed release of information is needed for me to send you the report.

Referring provider

Name: _____

Role: ☐ Physician ☐ Psychologist ☐ LCSW ☐ MFT ☐ Other: _____

Client

Client name: _____

Areas to evaluate further

check all that apply

- ☐ ADHD
- ☐ Autism
- ☐ AuDHD (autism and ADHD together)
- ☐ OCD
- ☐ PTSD
- ☐ Anxiety
- ☐ Insomnia
- ☐ Substance use
- ☐ Gambling
- ☐ Not sure. Please help me decide
- ☐ Other: _____

Reasons for referral

check all that apply

- ☐ Diagnostic clarification
- ☐ Second opinion on an existing diagnosis
- ☐ Treatment is not progressing as expected
- ☐ Possible coexisting conditions
- ☐ Possible autism or ADHD first noticed in adulthood
- ☐ Substance use patterns unclear or client is ambivalent about addressing them
- ☐ Client requested an evaluation
- ☐ Documentation or accommodation needs
- ☐ Other: _____

Current status

Current diagnoses: _____

Current treatment: _____

☐ Prior evaluations or records are available to share

Preferences

- ☐ I would like a copy of the evaluation report
- ☐ I would like to discuss this referral by phone first (optional)
- ☐ I do not need a copy of the report
- ☐ The client has been told about this referral

Additional information

Questions about a referral? You are welcome to request an optional brief call at the address below.

https://www.vantagepointevaluations.com/provider-contact