

## Referral Worksheet

*So that we may select procedures and estimate time & costs of an evaluation please return to Whiteside & Daniel, P.A. before scheduling testing or a diagnostic consultation.*

Person referred:

Age:

Disabilities?

1. Will this evaluation be used for clinical purposes (diagnostic, treatment planning, medication needs, school or residential placement, etc.) or forensic purposes (E.g., court-ordered, legal-related matters, child-custody litigation, etc.)?
2. Who recommended the evaluation or identified the need for testing? Is a particular test required?
3. Who will receive explanations of the results, in person or in writing?
4. What questions would you (or the referral source) like for the evaluation to answer? If there is a diagnosis or concern to “rule out,” please specify.
5. What recent event, complaint, or need prompted the referral at this time?
6. What will be different in your life (or family member’s) if the evaluation provides helpful information leading to successful treatment, placement, or classification?
7. Are there any therapists, physicians, or educational consultants currently working with any family members?
8. Do you believe a cognitive evaluation (IQ, achievement, LD, ADHD, etc.) is needed?
9. What is the deadline for completion?
10. Is the person to be tested taking any medications or in need of accommodations?