



# Rum River Counseling, Inc.

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## Psychological Evaluation Referral Form

### Referral Guidelines

1. To refer a patient for psychological testing, please complete this form and return it.
2. Patient will not be considered for evaluation until this form is complete and there is a clear referral question presented.
3. Not all patients who are referred will be tested. The clinical psychologist makes this decision based on slots available and the kind of evaluation required. Wait time can be 2-6 months.
4. Referring agents will have access to the findings and report only if the patient requests this information be shared and completes and Release of Information form.

### Referring Clinician Information

Referring agent's Name \_\_\_\_\_ Date: \_\_\_\_\_

Clinic name: \_\_\_\_\_ Department: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Referral Information

Patient's Name: \_\_\_\_\_

Current Psych Diagnosis: \_\_\_\_\_ Psychoactive meds prescribed: \_\_\_\_\_

Tests requested: \_\_\_\_\_

Referral Question: PLEASE PRINT CLEARLY!

### For Rum River Counseling Center Use Only

Date Received: \_\_\_\_\_ Client contacted? \_\_\_\_\_

Eval? \_\_\_\_\_ Start date: \_\_\_\_\_