

Note: We require that all individuals undergoing an evaluation have a clean drug screen within 30 days before proceeding with the evaluation. The individual will be scheduled for an in-person intake evaluation and be expected to bring a copy of the drug screen results.

Note: We will not complete an ADHD or ASD evaluation if there is an active substance abuse issue, or any psychosocial issue leading to acute instability (i.e., SI, DV, etc.) that could impact the validity of the evaluation.

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Evaluation Referral Form Adult Autism or ADHD

Date: _____

Name of Referring Professional: _____

Referring Agency: _____

Client Name: _____

Gender Assigned at Birth: _____

Gender: _____ Pronoun Preference: _____

Client Contact Phone: _____

1) Is this a referral for:

ADHD

ASD

2). Do you have concerns about factors that could influence the evaluation?

General cognitive/intellectual function

General psychological function

Personality disorder

Other condition: _____

3). Is this evaluation due to a referral for one of the following agencies:

SPOA

OPWDD

College or other school

Court

CPS

Other: _____

3) What are the symptoms that they have noticed that are prompting the referral for an evaluation:

- Inattention/Distractibility
- Forgetfulness
- Poor Time Management
- Procrastination of non-preferred activities
- Hyper-focus on preferred activities
- Disorganization/Messiness
- Hyperactivity/Impulsivity
- Troubles making or keeping friends
- Difficulty developing or maintaining relationships
- Deficits in non-verbal communication
- Deficits in social-emotional reciprocity
- Repetitive or stereotyped motor movements
- Obsessive with routine or sameness
- Highly restricted or fixated interests
- Hyper- or hypo-reactivity to sensory stimulation

4). Do you believe the evaluation is medically necessary (i.e., will result in clinically significant changes to the patient's treatment plan and/or overall functioning)? Yes No

5). Do they have any of the following:

Legal or court issues (past or pending), including Protection orders: Yes No
Explain: _____

Domestic Violence concerns: Yes No
Explain: _____

Alcohol or Substance use or abuse concerns: Yes No
Explain: _____

Self-harm thoughts/ideation or gestures: Yes No
Explain: _____

Suicidal thoughts/ideation, gestures, or attempts: Yes No
Explain: _____

Homicidal/Violent thoughts/ideation, gestures, or attempts: Yes No
Explain: _____