



Physician Referral for ADHD Psychological Evaluation

A physician referral is required to schedule an ADHD evaluation for clients 15 years and older.

Client's Name: _____ **DOB:** _____

Recommended Service: ADHD Evaluation _____

Additional comments: _____

Ordering Practitioner Name (print)

Title

Signature

Date

Ordering Practitioner: Phone: _____

Address: _____

Please return this form via email at mvelez@freedomfirstpsych.com or via fax at 518-662-4277.

The potential client should also call/email the office themselves to schedule an appointment.