Freedom First
PSYCHOLOGICAL SERVICES
4 Avis Dr Suite 101
Latham, NY 12110
amahler@freedomfirstpsych.com
Phone: 518-560-4277

Physician Referral for ADHD or Autism Spectrum Psychological Evaluation

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

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

Recommended Service: ADHD Evaluation _____
(check all that apply) Autism 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.