**Testing Referral Questions**

**Patient name:**

**Parent name (if under 18yo):**

**DOB and age:**

**School/Grade/Current Employment:**

**Phone number:**

**Email address:**

**Referred by (name, organization, title):**

1. **Reason for testing:**
2. **Current documented diagnosis:**
3. **Date of last testing (if applicable):**
4. **Reason for previous testing (if applicable):**
5. **Can you provide a copy of your previous testing report(s) (if applicable)?**
6. **Are you seeking accommodations for school, work, or any other purposes?**
7. **Are you willing to include trusted informants (e.g., friends, roommate, spouse/partner) and parents in the assessment process so that we can collect their observations and ratings of your behavior on formal standardized questionnaires and possible clinical interviews?**
8. **Would you like to use insurance? If so, provide the following info for verification purposes:**
	* **Insurance company and plan name:**
	* **Full name and DOB of primary policyholder:**
	* **Member ID#**
	* **Group #**
	* **Home address listed for your insurance policy:**