

# Referral for Psychological Assessment and/or Treatment

## Patrick D. Randolph, Ph.D.

Patient Name: \_\_\_\_\_

Diagnosis and Reason for Referral: \_\_\_\_\_

Indications for Psychological Assessment and/or Treatment: (Check all that apply)

- psychological interview to determine suitability for elective surgery (includes objective psychological testing)
- psychological assessment
- depression, anxiety or other mood disorder
- suicidal ideation
- sleep disturbance
- agitation/anger/hostility
- marital distress/family discord
- adjustment to disability/chronic illness/and/or pain
- hostile or belligerent behavior
- overuse or inappropriate use of medications, alcohol or illicit drugs
- chronic pain
- Other: \_\_\_\_\_

### Services Requested:

- Individual therapy based on the findings of psychological assessment and objective testing (includes typed report).
- Individual therapy based on the psychological interview without objective testing (handwritten report).

In my opinion, in accordance with accepted medical practice standards, the above named patient requires psychological services as prescribed for the problems identified above.

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Physician Signature

Physician Printed Name

Date

This referral will become official when it is received by Therapracitic.com.