| **Testing Referral Questionnaire**  ***Please complete this form by typing your responses in the available fields***  ***(we cannot process handwritten forms).***  ***Email your completed form as an attachment to*** [***testing@sollarsassociates.com***](mailto:testing@sollarsassociates.com)***.***  ***We will be in touch within 48 business hours. Thank you.***   | **Today’s Date** |  | | --- | --- | | **Client Name** |  | | **Caller / Guardian Name / Relationship** |  | | **Client / OR Guardian Phone Number** |  | | **Client / Guardian EMAIL ADDRESS** |  | | **Client Age** |  | | **Insurance Provider** |  | | **Any Documentation Associated with Request? (Ex. Court Order)** |  |  | **Type of**  **Evaluation**  **(REQUIRED)** | | **Reason for Evaluation**  **(REQUIRED)** | | **Details**  Ex. My daughter was suspended for fighting.  Ex. I am having trouble remembering daily tasks. | | --- | --- | --- | --- | --- | |  | ADD / ADHD |  | Behavioral Concerns |  | |  | Autism |  | Academic Concern |  | |  | Learning Disabilities |  | Cognitive/Memory Concern |  | |  | Disability Evaluation |  | Other |  | |  | Other |  |  |  | | **Requested By**  **(REQUIRED)** | |  | **Do you have a referral? (Y/N)** | **Details**  Ex. Math Teacher reports my son is having trouble focusing in class. | |  | Client / Client Guardian |  |  |  | |  | School |  |  |  | |  | Physician |  |  |  | |  | Employer |  |  |  | |  | Court Ordered |  |  |  | |  | Other |  |  |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |