

CenCal Behavioral Health Psychological Evaluation Form



This form is to be used for psychological evaluations and provided to the referring provider. Do not return to CenCal.

For Questions: Please contact the Behavioral Health Call Center (805) 562-1600

MEMBER INFORMATION

Member Name:

DOB: CenCal Member ID #:

Date of Assessment:

EVALUATOR NAME AND LICENSURE

NPI:

Phone:

REFERRAL SOURCE

☐ Self Referral

☐ Provider

Provider Name:

Office Number:

REASON FOR EVALUATION

PRESENTING SYMPTOMS

continue

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BRIEF HISTORY (DIAGNOSIS, TREATMENT, AND RELEVANT HISTORY)

EVALUATION SUMMARY

RECOMMENDATIONS

☐ **Psychological Testing***

Testing is necessary when the information the information achieved by psychological testing is not attainable through routine medical, neurologic, or psychological assessment.

Specific Diagnostic question/issue to be addressed:

Please refer to a contracted Psychologist for Psychological Testing and provide this form.

☐ **ABA Treatment**

Please complete CenCal's [ABA Referral form](#) and return to the Behavioral Health Department.

☐ **Psychotherapy**

Please refer member to any contracted Mental Health Specialist.

☐ **Medication Management**

Please refer member to any contracted Mental Health Specialist.

☐ **Neuropsychological Testing***

Testing is necessary when the information the information achieved by neuropsychological testing is not attainable through routine medical, neurologic, or psychological assessment. There must be a need to assess and monitor cognitive functioning.

☐ **Other:**

DON'T FORGET

☐ PCP or Referring Provider Received Copy of this Evaluation

Date Sent: