

PCP Psychological Evaluation Request



Referring Provider Name:

Office Contact:

Phone: Fax: Email:

NPI:

Office Address:

Referred Member Name:

Parent/Guardian Name:

DOB: CenCal ID:

Phone:

Reason for Consultation (Please describe the reason member is being referred and provide a brief clinical background):

Provided Documents (Highly Recommended)

- Member's evaluation history
- Health and Physical
- Recent Progress Notes and Treatment Plans (may include those provided by a mental healthy provider)
- School and Regional Center Records (IEP, IFSP, Service Plans, and Psychological Testing)