



Ron Wynne, PhD, ABPP Clinical Psychologist

Testing - Therapy - Forensics

REFERRAL FORM

**Fax, Mail, or Email this form: Fax: (301) 942-4807; Mail: 1109 Spring St., Suite 403, Silver Spring, MD 20910
Email: Rwynne@TestingandTherapy.com**

Referral Source Information

Date: _____

Referral Source (Name): _____ Agency _____
Address: _____ City: _____
County: _____ State: _____ Zip Code: _____ Phone: _____ Fax _____

Client Information

Client's Name _____ DOB: _____ SSN: _____ Race/Ethnicity _____
Address: _____ City: _____
County: _____ State: _____ Zip Code: _____ Phone: _____ Work/Cell: _____

Emergency Contact: _____ Daytime Phone: _____

Relationship to client:

Parent Legal Guardian Foster Parent Spouse/partner Social Worker Other _____

Name of attorney (if applicable) _____ Phone: _____

Address: _____

Who do I contact to set up appointment? _____ Phone: _____

Best time(s) to call? _____

Reason(s) for Referral (check all that apply)			
<input type="checkbox"/> Therapy/Counseling	<input type="checkbox"/> Couple/Family issues	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Other
<input type="checkbox"/> Psychological evaluation	<input type="checkbox"/> Report/Eval needed	<input type="checkbox"/> Court ordered	<input type="checkbox"/> Testimony required
			Next Court date, if known) _____

Brief Description of Problem. (Use a separate sheet if necessary. Please forward relevant medical & behavioral information, court reports, reports from previous evaluations, social summaries, etc.)

Therapy Session-Time Availability (check all that apply)	8:00 to 11:00	11:00 to 1:00	1:00 to 5:00
	Monday		
Tuesday			
Wednesday			
Thursday			
Friday			

Payment Information-Select One: Private insurance Self-pay Other

Copay amount listed on insurance card (if any) _____

Client other party (Please Name) _____

Relationship to client _____ Insurance carrier _____

ID # _____ Group # _____

Name & address of subscriber (if not client) _____

Provider Relations Telephone # _____ Claims address _____