

# Ellen Braaten, PhD & Associates

*Licensed Psychologists  
Neuropsychological Assessment and Consulting Services*

**Offices:**

MGH Learning and Emotional Assessment Program  
151 Merrimac Street, Floor 5  
Boston, MA 02114

127 Main Street  
Charlestown, MA 02129

## PARENT REFERRAL FORM

Child's name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Parent(s)' name(s): \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Child's school: \_\_\_\_\_

Child's grade: \_\_\_\_\_

Why are you seeking an evaluation for your child?

\_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with any psychological or psychiatric conditions (e.g., learning disabilities, ADHD, anxiety, mood disorder)? If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

As a young child, did your child have any developmental concerns (e.g., speech delays)? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical health concerns (including concussions)? If yes, please describe:

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Has your child ever had a neuropsychological evaluation and/or a school evaluation? If yes, please provide dates and providers:

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Has your child ever worked with a therapist? If yes, please provide dates and providers:

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Has your child ever taken psychoactive medication? If yes, please provide medications, doses, and prescribers:

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Does your child currently receive any special education supports at school (e.g., IEP, 504 Plan, attendance at therapeutic school or school for learning differences)? If yes, please describe:

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Are there any other things you would like us to know about your child?

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How did you learn about Ellen Braaten, PhD & Associates?

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PLEASE EMAIL FORM TO [INFO@ELLENBRAATENPHD.COM](mailto:INFO@ELLENBRAATENPHD.COM)