

Ellen Braaten, PhD & Associates

Licensed Psychologists

Neuropsychological Assessment and Consulting Services

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:

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

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

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

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:

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

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

PLEASE EMAIL FORM TO INFO@ELLENBRAATENPHD.COM