



REFERRAL TO: Rebecca Hawkins, Ph.D., ABPP
Clinical Health Psychologist

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PATIENT INFORMATION

Name: _____ SSN: XXX-XX-_____ DOB: _____

Address: _____ Ph: () _____

Insurance*: _____ Claim#: _____ DOI: _____

Adjuster: _____ Ph: () _____ Ext _____ Fax: () _____

Reason for Referral/Medical Diagnoses (ICD-10): _____

PLEASE EVALUATE:

Psychological Pain Evaluation

This evaluation is for patients with delayed recovery and/or for whom psychological factors may be contributing to their clinical presentation. It includes a thorough assessment of psychosocial strengths and risk factors including affective disorders, problematic coping styles, pain/somatic focusing, etc., and provides specific recommendations for psychosocial intervention and medical management (e.g., opioid risk assessment, etc.).

Presurgical Psychological Evaluation

This evaluation provides a thorough assessment of the psychosocial factors known to affect outcomes for orthopedic/spine surgeries and neuromodulation trials (e.g., spinal cord or peripheral nerve stimulation) and assists with medical decision making by addressing the patient's surgical candidacy/prognosis (good, fair, poor), in addition to providing treatment recommendations for achieving the best possible outcome.

Comprehensive Psychological Evaluation

In addition to evaluating emotional functioning and behavioral health, this evaluation also includes assessment of intellectual functioning (estimated or actual IQ, if indicated), reading level to assess literacy/premorbidity IQ, and further evaluation of personality functioning/Axis II disorder(s) to aid in diagnostic clarification.

Comprehensive Neuropsychological Evaluation

A full battery of neuropsychological tests to evaluate the following domains: premorbidity and current intellectual functioning, academic achievement, sensory perception, motor/visuomotor skills, verbal abilities, attention/concentration, information processing speed, spatial abilities, learning, memory, executive functioning, and personality/emotional functioning.

Neuropsychological Screening

An abbreviated neuropsychological test battery used for early assessment (e.g., 8 to 12 weeks post injury) of the most common cognitive complaints associated with concussive and mild traumatic brain injuries. It is also utilized for patients with complaints of attentional difficulties and/or memory loss (e.g., due to chemotherapy or a general medical condition) when a comprehensive battery is not felt to be indicated.

Psychological Consultation

An initial diagnostic consultation consists of a 90 to 120-minute clinical interview to gather information pertaining to each patient's chief complaints and psychosocial history, which along with screening measures will assist with formulating preliminary diagnostic impressions and recommendations for treatment. *All referrals for treatment (individual psychotherapy and/or biofeedback) will begin with a Psychological Consultation unless a full evaluation (as per above) has already been completed.*

PLEASE TREAT:

As Indicated Individual Psychotherapy: _____ Sessions Biofeedback: _____ Sessions Eval Only

REFERRING PHYSICIAN: _____ **(Signature):** _____

Ph: () _____ Fax: () _____ Date: _____

Please fax pertinent/most recent medical records and first report of injury (if available) with referral. As soon as the patient is scheduled, we will notify you of the date/time of their first appointment. *Please Note: we no longer participate in commercial insurance plans, but accept most Workers' Compensation plans and auto insurance with medical benefits on a case by case basis.