



REFERRAL TO: Rebecca Hawkins, Ph.D., ABPP
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PATIENT INFORMATION:

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

Address: _____ Ph: _____

Insurance*: _____ Claim#: _____ DOI: _____

Claims Address: _____ Ph: _____

Adjuster: _____ Ph/Ext: _____ Fax: _____

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

PLEASE EVALUATE:

Psychological Consultation

An initial diagnostic consultation typically consists of a 120-minute clinical interview [which is also included in all psychological evaluations] and administration of screening measures only to assist with formulating preliminary diagnostic impressions and recommendations for treatment. *Please note: the 2017 Medical Treatment Guidelines for Chronic Pain specify that WC patients "must have a full psychological evaluation" prior to starting cognitive-behavioral psychotherapy (CBT), biofeedback, and other psychological treatments. Hence, a psychological consultation is most appropriate for patients who wish to establish or transfer care following a psychological or neuropsychological evaluation with another provider.*

Psychological Evaluation

Psychological evaluations entail a diagnostic consultation and objective psychological testing for assessment of emotional functioning and behavioral health for diagnostic clarification and treatment planning for patients with symptoms of posttraumatic stress or adjustment difficulties. It is therefore most appropriate for patients who have experienced a traumatic event in the workplace. [For those who have experienced emotional trauma and also have chronic pain, a Psychological Pain Evaluation would instead be indicated.]

Psychological Pain Evaluation

This evaluation is for patients with delayed recovery or for whom psychological factors (i.e., anxiety, depression, etc.) 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 (e.g., individual psychotherapy, biofeedback training, etc.) and medical management (e.g., opioid risk assessment, need for psychiatric medication, etc.).

Presurgical Psychological Evaluation

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

Comprehensive Neuropsychological Evaluation

This evaluation begins with a mental status examination, after which the patient is administered a full battery of neuropsychological tests to evaluate: premorbid and current intellectual functioning; academic achievement (if needed); sensory perception; motor/visuomotor skills; verbal abilities; attention/concentration; information processing speed; spatial abilities; learning; memory; executive functioning; and personality/emotional functioning. This battery is most appropriate for patients that have sustained severe, moderate, or "complicated" mild traumatic brain injuries (e.g., an initial GCS score of 13 to 15 with abnormal brain imaging).

Neuropsychological Screening

This consists of a mental status examination and abbreviated neuropsychological testing, which includes the cognitive domains typically associated with concussive and mild traumatic brain injuries. It is also appropriate for patients with complaints of attentional difficulties and/or memory loss (e.g., due to chemotherapy or another medical condition), or when a comprehensive neuropsychological battery is not felt to be necessary.

PLEASE TREAT:

As Indicated Psychotherapy/CBT: _____ Sessions Biofeedback: _____ Sessions Evaluation Only

REFERRING PROVIDER:

Name: _____ Signature: _____

Ph: _____ Fax: _____ Date: _____

*Please note: I typically see patients with Colorado Workers' Compensation claims, and no longer participate in commercial insurance plans or accept out-of-state or Federal Workers' Compensation (OWCP) claims. If possible, please fax the patient's most recent/pertinent medical records and the initial report (if available) with the referral. You will then be notified of the date of the patient's first appointment. I am also able to perform most psychological evaluations and treatment services via telehealth; however, neuropsychological testing and biofeedback training require in-person visits.