ADHD Testing Referral & Order Form for Licensed Professionals

Client Information

Name: _____

Date of Birth: _____

Referral Date: _____

To Whom It May Concern,

I am writing to refer my client, named in Client Information above, for further testing regarding potential Attention Deficit-Hyperactivity Disorder (ADHD). Please see the information provided below as the basis for my referral for ADHD testing. I am aware that your services extend only to providing ADHD testing and not further professional services. I kindly request your professional assessment and diagnostic testing to determine if the client meets the criteria for ADHD. I understand that it is my responsibility to interpret the results and make a final diagnosis based on this data. Based on clinical observations and reported symptoms indicative of Attention Deficit-Hyperactivity Disorder (ADHD), I hereby refer the client for comprehensive ADHD testing services. I order relevant computer-based ADHD testing and request the utilization of specific questionnaires deemed relevant to evaluate for ADHD. The objective of this testing is to determine the presence and severity of ADHD symptoms, which will contribute to the development of a suitable treatment plan. Additionally, I attest that I am a qualified and licensed mental health or medical healthcare provider authorized to order ADHD testing in the state of California, ensuring that all necessary and relevant information has been considered in this referral. If there are any issues or if you require additional information, please do not hesitate to contact me. Thank you for your prompt attention to this matter.

Clinical Observations/History/Presenting Symptoms: Client has displayed persistent patterns of inattention and/or hyperactivity-impulsivity that interfere with their functioning or development, often manifesting as difficulty maintaining focus, forgetfulness in daily activities, inattentiveness, excessive talking, and/or an inability to stay still or wait their turn. These behaviors have been present for more than six months and are inconsistent with their developmental level.

Reasons for Referral: The client exhibits persistent patterns of inattention and/or hyperactivity-impulsivity that significantly impact daily functioning across multiple settings, suggesting a potential diagnosis of ADHD. Further ADHD testing is recommended to assist with the diagnosis and to assist with appropriate treatment strategies for my treatment planning.

Requested Tests/Questionnaires
[X] Computer based ADHD Test (e.g., QbTest, QbCheck, Connors CPT3, or TOVA) / Relevant questionnaires (ASRS, Wender Utah Rating Scale, etc.) to support ADHD assessment.

Additional Information/Pertinent Medical History: _____

_____

_____

Referring Professional Information

Full Name: _____

Title/Credentials/Position: _____

Organization/Practice Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Please provide me with the test results once completed and please send it to the selected fax and/or email provided below.

Preferred Method To Receive Results: [ ] Fax [ ] Email

Licensed Mental Health or Medical Healthcare Professional's Order for ADHD Testing:
By signing below, I attest to the following: As a licensed mental health or medical healthcare provider in the state of California, I am referring a client currently under my care for further ADHD evaluation. The client's assessment conducted by me have revealed symptoms that may be indicative of Attention Deficit-Hyperactivity Disorder (ADHD), necessitating more detailed testing. To this end, I am ordering comprehensive ADHD testing, including both computer-based evaluations and specific questionnaires, to accurately assess the severity and presence of ADHD symptoms. This additional testing is crucial to support a definitive diagnosis and to guide the development of a personalized treatment plan for the client. I ensure that all pertinent information has been thoroughly reviewed in making this referral for specialized ADHD testing. I attest that all of the information provided is true and accurate.

Signature: _____

Date: _____