



Dr.Roginsky@PsychologyEval.com
245 Amity Road, Suite #209
Woodbridge, CT 06525

Referral for Psychological Assessment

Date of Referral: _____

Identifying Information:

- Name: _____
- Date of Birth: _____
- Insurance Information**: _____
- Parent/Guardian Name: _____
- Contact Information for Parent: _____
- Referring Clinician: _____
- Contact information for referring clinician:
 - o Phone: _____
 - o Email: _____

***Please note that only Husky A, C, and D are accepted. Husky B does not authorize diagnostic assessments.*

Clinical Information:

- Primary diagnoses: _____
- Current Medications: _____
- Other therapists/doctors involved in treatment: _____

Please list the concerning symptoms/behaviors that you would like this evaluation to address:

Please describe the clinical questions that you would like this assessment to address:

Please email this form to Dr.Roginsky@PsychologyEval.com, preferably through a secured email system.