



ALABAMA
PSYCHOLOGICAL SERVICES
 CENTER

Comprehensive Psychological and Counseling Services

247 Chateau Drive SW • Huntsville, Alabama 35801
 (256) 533-9393 p * (256) 533-9690f * www.alapsych.com

PATIENT _____
REFERRED TO _____
APSC Appointment Date: _____

REFERRAL SOURCE INFORMATION	
Date Referred:	Follow-up Date:
Physician's Name:	Phone:
Address:	Fax:
	Email:

PATIENT INFORMATION		
Patient's Name:	DOB:	Age:
Address:	Phone:	
Responsible Party:	Phone:	
Insurance Co.:	Phone:	
Contract #:	Group #:	
Name of Insured:	SSN#:	
Date of Birth:	Relation to Patient:	

SERVICES REQUESTED:

Counseling

Psychological Testing -

ADHD Developmental Educational Personality Neuropsychological

- Reason for testing:

PERTINENT CLINICAL ISSUES:

Thank you for your referral. Please provide copies of your patient's facesheet information and any medical records that would be relevant to the referral.