Orange County Department of Mental Health
Developmental Disabilities Division
Request for Psychological/Psychiatric Assessments
P#:845-291-2600 F#: 845-291-2628
www.orangecountynyddconnection.com

Print Form

Submit by Email

Current Date 12/23/13 Name of Person to be Assessed:

Date of Birth: TABS ID #: Last 4 Digits SS#:

Address Does this Person have MA? Yes No

City State Zip Code

Phone Number: None

Known Diagnosis/Condition (all health, mental health, physical conditions, developmental disabilities):

Suspected Diagnosis/Condition(s):

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Family Contact Name:

Address

City State Zip Code

Phone Number: None Cell Number: None

Relationship to Individual: Other Email: None

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Person Making the Referral: (If other than above) Relationship with Individual:

Agency Name & Address:

Phone Number: Email:

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Assessment Requested: (Please check all that apply)
Measure of Intellect Measure of Adaptive Functioning
Neuro-Psychological

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Purpose of Assessment: (Please check all that apply)
OPWDD Eligibility Differential Diagnosis/Alternative Treatment/Planning

Other (please specify):

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Instructions:

Requests will be approved after the following have been verified: OPWDD eligibility has not already been determined (if that is the purpose of the request) the request was denied by school district and school placement, the person does not have medicaid. Once approved, appointments will be scheduled with the family by Email, if possible, with a copy to the person that submitted the request. Assessments will be conducted at the Department of Mental Health,(see above), unless there is a compelling need for an alternative setting. Please note the following:

A signed consent for assessment must be on file on or before the date of the assessment
The length of time it takes to complete an assessment varies depending upon the individual and multiple sessions may be required
It is important that someone who knows the individual well, and their developmental history, be present and bring documentation that may support the disability/diagnosis even if is old.

Written reports will be sent to the parent or to the individual if the person is 18 or over and there is no legal guardian.
A copy can be provided to others with a signed consent for release of information.

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INTERNAL USE ONLY

Test(s) Needed: IQ Adaptive Neuro Psych Autism Rating Scale Other

Verification & Approval Date: Location: Other Location:

Psychological Exam Assigned to: Dr. Kohn Date Scheduled:

Adaptive Behavior Assigned to: Date Scheduled:

Date Report(s) Received: Sent To Whom: Other: