

# E.B. Evaluations, Inc.

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## Adult General Psychological Evaluation Referral Form

ID: (office use only) \_\_\_\_\_

Date: \_\_\_\_\_

1. Adult's Name: \_\_\_\_\_ DOB: \_\_\_\_\_
  - a. Address: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
2. Current Guardian's Name (if applicable): \_\_\_\_\_
  - a. Address: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
3. Referring Agency/Court/Individual Name: \_\_\_\_\_
  - a. Contact Person: \_\_\_\_\_
  - b. Email: \_\_\_\_\_
  - c. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preparation Referral Questions:	Yes	No
Has the adult had psychological testing/a previous psychological evaluation? If yes, what agency or provider completed the evaluation and date:		

	Yes	No
<p>Has the adult ever had an Individualized Education Plan (IEP)/ Evaluation Team Report (ETR)? If yes, what school district provided/provides the IEP/ETR?</p>		
<p>Is the adult currently receiving mental health treatment? If yes, through what agency/agencies/provider:</p>		
<p>Has the adult ever been psychiatrically hospitalized? If yes, what hospital and dates:</p>		
<p>Is the adult prescribed any psychiatric medication? If yes, list medication and provide the name of the agency/provider prescribing the adult's medication:</p>		
<p>Does the adult have a serious medical condition? If yes, what primary care provider/specialist manages the adult's medical needs:</p>		

**\*Please provide copies of all records related to any area marked "Yes"**

### Referral Question

Please provide details regarding specific behavior concerns related to why you are seeking out this evaluation:

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What specific referral questions do you need answered in this evaluation, please limit number of referral questions to no more than 3:

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**Referral question examples:**

- What is their current functional status?
- What can be done to improve their functional status?
- What might be done to ameliorate a particular problematic behavior?
- What might be needed to develop and utilize healthy coping skills?
- Are there any other considerations in working with this adult in his/her current living situation that need to be addressed?
- What factors contribute to sexually acting out behavior?

- Is it possible that the adult's drug addiction and mental health issues are intertwined? If so, what type of treatment would best meet this need?
- What are the psychological factors that impact this person's ability to manage his/her aggressive impulses?
- Does the adult report a current drug addiction? If so, what is the adult doing to address this addiction?
- What is the adult's mental health diagnosis?
- What level of coping does the adult possess?
- What modality of treatment is likely to achieve the desired outcome?

### Evaluation Cost Agreement

**The cost of the evaluation, as well as additional costs for travel, court preparation and appearances, and our no-show fee can be found on our website at <https://ebevals.com/services-and-pricing/>.**

By signing below, I am agreeing to the cost of the evaluation and understand that all payment must be paid through the referring agency/individual. Insurance will not be accepted.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### Evaluation Process Overview

- After the referral form has been received, E.B. Evaluations, Inc. will review the information you have provided and follow-up with you if clarification is needed.
- Attempts will then be made to schedule the evaluation as soon as possible.
  - Evaluation scheduling will likely occur in two parts if intelligence testing is needed.
    - The first evaluation appointment will be spent interviewing the adult and relevant others in the adults life (if needed), as well as possibly completing some assessment measures.
    - The second evaluation appointment (if needed) will involve intelligence testing and other additional testing not completed during the initial appointment.
- The evaluator will review all information collected (e.g., collateral records, testing results, interviews with adult and relevant others, etc.) and write a report answering the referral questions you provided above.

- Once complete, the evaluation and invoice will be mailed to you. If you would like, a brief review of the evaluation findings may be requested and will be conducted via telehealth or in person depending on the evaluator's availability.