



Was a Behavioral Health Evaluation completed (e.g., 90801)?

Yes  No Date: \_\_\_\_\_

Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was Previous Psychological or Neuropsychological Testing Conducted?

Yes  No Date: \_\_\_\_\_

Basic Focus and Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HISTORY**

When was the patient's last physical examination?

If ADHD is a diagnostic rule out, please indicate results of standardized ADHD rating scales, if available:

Positive  Negative  Inconclusive  Not Applicable

Comment/Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date MM/DD/YY	Stop Date MM/DD/YY	CPT code	Modifier(s)	Units Requested

Please list the tests planned to answer the clinical questions:

Test	Reason for Use	Educational Yes/No	Number of Units Requested for Test	Number of Units Approved for Test

Indicate the total number of units (hours) requested: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

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