



**PLEASE NOTE, WE DO NOT PROVIDE PSYCHIATRIC SERVICES OR BEHAVIORAL THERAPY.**  
*DBP does not duplicate services with neurology*

Date requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  
 Responsible Party (Mother/Father/Other): \_\_\_\_\_  
 Patient's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Best Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_  
 Interpreter Required?  Yes  No Language: \_\_\_\_\_

**Insurance Information**

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_  
 Subscriber's Name: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Reason for Referral**

*Treatment goals may be obtained within a few visits. In those cases, the patient will be transitioned back to PCP to resume care.*

**Service Request**

**CONSULTATION WITH DBP**

*Please include with the referral these findings and previously administered services:*

- **ECI** (Provide scores BDI-2, BDI-NU, DAYC-2)
- **Neurology**
- **Genetics**
- **Therapy/Counseling**
- **Psychologist/Psychiatrist**
- **School base services** (504/FIE/IEP)
- **Speech/OT/PT**

Suspected Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_

**CHECK ALL THAT APPLY:**

- Fetal Alcohol Spectrum Disorder**
- Disruptive Behaviors** (ADHD and/or ODD)
- Autistic Behaviors** (Diagnostic Evaluation, Provide ASQ & latest MCHAT for new diagnosis)
- Tourette Spectrum Disorder** (Tics, Anxiety, OCD, Attention Problems)
- Has diagnosis but concerns for co-morbidity** (i.e. ADHD rule out Anxiety, Autism rule out ADHD)
- Mild Anxiety or Depression**
- Second Opinion for diagnosis or treatment consideration**
- Developmental Delay** (DBP physicians use screening tools for development, academic functioning and neurodevelopment on a case-by-case basis.)

**Referring Practice Information**

Referring Provider Name (Please Print Legibly): \_\_\_\_\_  
 Practice Name: \_\_\_\_\_ Practice #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Medicaid PA good for \_\_\_\_\_ visits. Valid through \_\_\_\_\_ (Date) \_\_\_\_\_

*Please include demographics info, copy of insurance (both sides) & current clinicals, include ASD & MCHAT for ASD preschool referral(s), and medication list.*



## What Developmental & Behavioral is All About

We most commonly address behavioral and medication management issues related to:

- Developmental Delay with or without behavioral symptoms
- ADHD plus mild co-morbidities such as Anxiety and Dysthymia
- Autism diagnostic clarification and medication management of target behaviors
- Genetic syndromes with behavioral symptoms

However, while it had been customary to take “all comers,” realistically our practice is not equipped to handle more significant co-morbidities such as:

- Conduct Disorders
- Severe Mood Disorders (*such as Bipolar or Major Depressive Disorders*)
- Concerns for Psychotic Processes

**These children will be readily directed to psychology, psychiatrist, and/or community mental health center for further assessment and treatment since it is beyond the scope of DBP's.**

*Children presenting with primary or sole concerns for a Learning Disability eligibility determination are best initially assessed by psychologist. As physicians, we cannot perform the necessary psychoeducational testing (quantitative analysis) needed to establish a “learning disability” diagnosis, and can only provide overview of the evaluation process where a learning disorder is suspected. There are limited private psychologists in our community and most are private pay, so families will need to review their options if pursuing a private evaluation. Testing sometimes is done through the school system.*

There are also certain cases that may be initially addressed with therapy alone, including:

- Adjustment Disorders
- Separation Anxiety
- Family Psychosocial Problems

The following kinds of presenting concerns/symptomatology are best addressed by psychiatry:

- Bipolar Disorder, IED, DMAB
- Conduct Disorder (*serious rule breaking, violent behaviors, fire starting, threatening behaviors, etc.*)
- Psychotic Disorders (*hallucinations, thought disorder, delusional thinking*)
- Severe Depression (*suicide ideation, anhedonia, recurrence, selfcutters, history of past psychiatric admission*)
- Severe Anxiety (*panic attacks, social phobia, severe GAD*)
- Personality Disorders

The following kinds of presenting concerns/symptomatology may be initially addressed within the scope of initial therapeutic relationship with therapist, LCSW, and/or clinical psychologist. Medication management is usually not first line treatment:

- Family Problems
- Adjustment to Life Circumstances
- Parental Discipline
- Attachment Problems (*Reactive Attachment Disorder*)
- Mild Anxiousness or Phobic Fears
- Mild Depressive Symptomatology, Low Self- Esteem

If school testing has already been completed, DBP's do provide consultation with regard to interpretation of the data and assist with formulation of treatment plan. All prior school testing should be shared with clinicians for review. However, the following kinds of initial presenting concerns are best initially addressed with a psychologist:

- Actual assessment of IQ and adaptive measures to determine the degree of cognitive impairment (*rule out intellectual disability*)
- Actual psychoeducational testing to rule out Learning Disabilities in reading, writing, or math
- ADHD inattentive subtype in the context of discrepant parent-teacher reporting, co-occurring LD, or co-occurring mood disorder where additional assessments are indicated
- Complex learning issues where extensive psychometric testing is needed to better discern the learning profile and provide specific educational recommendations

The following kinds of presenting concerns/symptomatology are best initially addressed by Neurologist:

- Cerebral Palsy
- Movement disorders
- Global Developmental Regression (*rule out metabolic or mitochondrial disorders*)
- Suspected CNS dysfunction due to epilepsy

**Please feel free to call our office with any questions!**