

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: _____