

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

Yes No Date: _____

Results:

Was Previous Psychological 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 |
|------------------------|-----------------------|----------|-------------|-----------------|
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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 |
|------|----------------|-----------------------|---------------------------------------------|--------------------------------------------|
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Indicate the total number of units (hours) requested: _____

Provider Signature: _____

Date: _____