PEDIATRIC MINDWORKS CENTER

HRA PSYCHOLOGICAL SERVICES
3940 Peninsular Drive SE, Ste 230
Grand Rapids, MI 49546
Phone (616) 458-0692
https://hrapsychservices.com/pmc

PROVIDER CONSULTATION

RE: _____
(Patient name)

Dear Provider:

We are reaching out to you because you have been identified as a professional involved in the care of this child/adolescent including but not limited to: behavioral therapist, school social worker, occupational therapist, physical therapist, speech/language therapist, or psychiatrist. This individual will soon participate in a neuropsychological evaluation at the Pediatric Mindworks Center (PMC), part of HRA Psychological Services.

Upon the family's request and permission, we are seeking information about your experience working with this individual. As member of the patient's care team, your observations and impressions are valuable as we seek to offer differential diagnosis and understanding of this patient's experience in the upcoming assessment.

We kindly ask that you complete this form and provide a copy of relevant records that would be helpful to review as part of this assessment. We also welcome any additional information you wish to share. Please know that this information may be integrated into the final report.

Your time and cooperation are greatly appreciated!

This form can be returned directly to the individual's family/care-providers or faxed to the office at 616-458-8129.

Patient Name: _____ Today's date: _____

Provider Name (with credentials): _____

Agency:_____ Approx. Start Date of Services: _____

Type of Service Provided: _____

If applicable, what diagnosis/diagnoses have been made:

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What are the treatment goals?

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What interventions do you use? Has a specific intervention been successful or not?

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Please provide some clinical observations about behavior, interaction, and functioning:

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Do you feel that there are any barriers to treatment?

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Is there information you are hoping to learn from this assessment to help guide intervention?

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Do you suspect any of the following potential clinical presentations?

- ☐ ADHD/ADD
- ☐ Autism Spectrum
- ☐ Anxiety
- ☐ OCD
- ☐ Defiance/Anger/Conduct
- ☐ Intellectual Disability
- ☐ Other:
- ☐ Depression
- ☐ Developmental Trauma
- ☐ PTSD
- ☐ Attachment Disorder
- ☐ Neurological (seizures, etc.)
- ☐ Medical/Genetic condition Specify:
- ☐ Speech/Language Disorder
- ☐ Processing Disorder
- ☐ Apraxia / Dyspraxia
- ☐ Dyslexia
- ☐ Other Learning Disability
- ☐ Developmental Delay

Additional comments:

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Thank You!