185 Chateau Dr. Ste. 102
Huntsville, AL 35801
(256) 489-1583 office
(256) 489-1595 fax
office@silverliningsclinic.com

REFERRAL FORM

Referral Source Name: _____ Phone Number: _____

Patient Name: _____ DOB: _____

Parent / Guardian Name: _____ Pt Phone Number: _____

Address: _____

Ins. Carrier: _____ Policy / Member Number: _____

Ins. Policy Holder Name: _____ Ins. Holder DOB: _____

Requested Service (Please circle)

- Psychological / Neurodevelopmental Testing (Choose One)
  Autism ADHD Learning / Academic Mood / Personality Other: _____
- Counseling (Individual, Family, PCIT, CBT, EMDR, Group) – Myers Briggs
- Speech evaluation and therapy / feeding services / Auditory Processing Screening and therapy
- Parent /child interactive training; Parenting Skills
- ABA / tutoring; IEP Advocacy; ABA autism behavioral (in office, home, or school setting)
- Consultation only/Unsure

Please specify a provider:
Or
No Preference

Dr. Megan Crisler, PhD	12 months – elder	Dr. Kristen Coln, PhD	12 months – age 21
Dr. Heather Wadsworth, PhD	12 months – age 21	Brooke Sorrells, M.S., SLP – CCC	Children - Elder
Katie Odom, LPC-MHSP, NCC	Adults	Megan Zecher, SLP-CF	Children - Elder
Holleigh Woodward, LPC	Teens/Adults	Holly Sharpe, M. Ed., BCBA, LBA	Children
Emily Whaley, ALC	Children – <12 years	Katherine Dye, ALC	Children/Teens

Appointment Date: _____ Time: _____

Return fax number for appointment notification: _____

Scheduling Notes (SLN Office Use Only):

_____

_____

_____