



185 Chateau Drive, Suite 102
Huntsville, AL 35801
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256-489-1595 (fax)
office@silverliningsclinic.com

Referral Form

Referring Source Name: _____ Referring Source Phone: _____

Patient's Name: _____ DOB: _____

Parent/Guardian's Name: _____ Preferred Phone Number: _____

Complete Address: _____ City/St/Zip _____

Insurance Carrier: _____ Insurance Policy Number: _____

Insurance Policy Holder Name: _____ Insurance Policy Holder DOB: _____

Requested Service (Please Circle One):

- Psychological/Neurodevelopmental Testing (Choose Principle concern)
 - Autism ADHD Learning/Academic Mood/Personality
 - Other _____
- Counseling (Individual, Therapy, Family, PCIT (Parent/child interactive training); Parenting skills, CBT, EMDR, Group
- Speech Evaluation/Therapy/Feeding Services/Auditory Processing Evaluation/Treatment/Individual &/or Group
- ABA Consulting / Tutoring; IEP Advocacy; Limited ABA autism behavioral (in office, home or school setting)
- Consultation only

Please specify a provider **OR** **No Preference**

PSYCHOLOGISTS(S)

Dr. Megan Crisler, PhD	12 months – elder
Dr. Heather Wadsworth	12 months – age 21
Dr. Kristen Coln	12 months – age 16

COUNSELOR(S) CON'T

Jessica Bearden, LPC	ages 8+
Miriam Gardner, ALC	all ages
Katie Dye, ALC	ages 4+

COUNSELOR(S)

Katie Odom, LPC-MHSP, NCC	adults
Holleigh Woodward, LPC	teens / adults
Emily Whaley, LPC	Children - <12 yr
McKayla Hodges, LPC	ages 5-16

BEHAVIOR & SPEECH

Holly Sharpe, M.Ed., BCBA	all ages
Megan Zecher, CCC-SLP	all ages
Breanna DiVincenti, CCC-SLP	all ages
Jenn Saliba, CCC-SLP	all ages

Return fax number for appointment notification: _____

Appointment Date: _____ Appointment Time: _____

Scheduling notes (*Office Use Only*): _____
