



SHORELINE PEDIATRIC NEUROPSYCHOLOGICAL SERVICES, L.L.C.
ASSESSMENT AND CONSULTATION SERVICES

SHELLEY F. PELLETIER, PH.D, NCSP, ABPP
BOARD CERTIFIED IN CLINICAL NEUROPSYCHOLOGY
BOARD CERTIFIED IN SCHOOL PSYCHOLOGY
LICENSED PSYCHOLOGIST

Physician and Mental Health Provider Referral Form

Demographic Information (Please complete or fax copy of patient information):

Patient Name _____ DOB _____ Age _____

Male/Female _____ Parent/Guardian Name (if patient under 18) _____

Street Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Patient SSN _____

Referring Office Information (Please complete or fax with cover sheet):

Referral From _____ Dr.'s Office _____

Phone _____ Fax _____

Referral Question Information (Please complete or send copy of Dr.'s notes):

Current concerns (circle all that apply): Attention difficulties Depression

Memory Problems Learning Disorder Anxiety Asperger's Disorder

PDD-NOS/Autistic Disorder Tic Disorder Traumatic Brain Injury

Other (please specify concerns) _____

Please include information regarding relevant medical history, current diagnosis and current medications (Please note on a separate sheet). Please also include a signed release of information to allow an exchange of information between our offices.

Dr. Pelletier will call the patient directly to explain services and schedule an appointment.

MAILING ADDRESS
P.O. BOX 303
OLD SAYBROOK, CT 06475

CLINICAL OFFICE
954 MIDDLESEX TURNPIKE, STE A2
OLD SAYBROOK, CT 06475

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