UNIVERSITY OF LOUISVILLE

COLLEGE OF EDUCATION & HUMAN DEVELOPMENT

Cardinal Success Program

Adult Assessment Referral Form

It is important that you communicate to the adult you are referring your concerns and explain this referral to them. Please fill out this form and email it to ECPYCSP@louisville.edu.

Client's Name: ______________________________ Date of Birth (or age if unknown): _______
-Phone number: ______________________

Referred by: _________________________________ Date: ________
-Phone number: ______________________

Has client had prior psychological testing? No | Yes | Unknown
-If **yes**, describe for what**:** ____________________________
-Tests used**:** ____

Reason for current referral: *(Check all that apply)*

☐ Intellectual ability (I.Q.,)
☐ Academic achievement/learning disability
☐ Attention, concentration, and/or hyper activity
☐ Motor functions (fine motor, motor learning)
☐ Psychopathology
☐ Other: ________________________________
☐ Academic Motivation
☐ Perception (Vision, audition, etc.)
☐ Traumatic brain injuries
☐ Memory
☐ Personality Traits

Referral questions ***(What would you like to find out about the client or diagnostically rule out?)***
Comments**:**____
____
____
____

Physiological health: ____

Current medications: ____

Are you also referring for counseling services? No | Yes | Defer to assessing clinician

-If **yes**, please additionally submit a Cardinal Success Adult Assessment Referral Form.