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## 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)
- OT – Habilitative therapy
- 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	Aline White, OT	Children
Emily Whaley, ALC	Children – <12 years	Michelle Ellis, OT	Children
Katherine Dye, ALC	Children/Teens	Holly Sharpe, M. Ed., BCBA, LBA	Children

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Return fax number for appointment notification:** \_\_\_\_\_

Scheduling Notes (SLN Office Use Only):

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