

Printable Fax Referral Form

Send fax to **Boise ADHD** at fax number **208-443-5413**.

Request for confirmation of fax via fax from Boise ADHD (check this)

Referring Provider: _____

Referring Clinic/Agency: _____

Referring Provider Phone contact: _____

Patient/Client Name: _____

Patient/Client Age and Birthdate: _____

If minor, parent names: _____

Client telephone contact: _____

Referral questions to be answered (please check all that apply):

- ADHD
- Anxiety
- Depression
- Learning Disability
- Oppositional Defiant Disorder
- High Intelligence
- Autism Spectrum Disorder
- Psychotic symptoms
- Sensory Issues
- Trauma
- Dissociation
- Obsessive Compulsive Disorder
- Danger to self and/or others

Other: _____
