



Injured Worker Referral

Please indicate which type of referral is being made and fax to 360-455-0814

Psychological Consult (Gregory Dorris, PsyD)

Psychological evaluation, diagnosis, treatment recommendations, psychotherapy.

Requires prior authorization. For diagnosable "mental disorder" (depression, anxiety, panic, PTSD, post-concussion) either caused by the industrial injury or interfering with recovery.

Or

Health Behavior Assessment / Intervention:

Identify psychosocial barriers to recovery, provide coaching, education and support to address barriers and promote recovery and RTW.

Does not require authorization. For subclinical psychosocial or behavioral barriers to treatment or recovery:(fear, anxiety, lethargy, anger, hopelessness, activity intolerance, frustration lack of follow-through, passive engagement, litigiousness, personality factors, unrelated crisis, domestic conflict, confusion or lack of information regarding industrial insurance, etc.)

Objective basis for making referral (required by CM):

Patient Name: _____ Phone: _____

Claim Number: _____ Date of Injury: _____

Medical diagnosis: _____ ICD 10: _____

Claims Manager: _____ CM phone: _____

Signed by

Attending Physician: _____ Date: _____