

REFERRAL FORM (EMAIL FORM TO: DRSTELLAHERNANDEZ@GMAIL.COM)

Focused Concentration LLC
4049 Pennsylvania Suite 200
Kansas City, MO 64111

HTTP://WWW.FOCUSEDCONCENTRATION.COM
(816) 224-4400

PATIENT INFORMATION
DATE:
NAME:
DATE OF BIRTH:
CONTACT PHONE:
RESPONSIBLE PARTY (PARENT / GUARDIAN):
SYMPTOMS AND BEHAVIORS (MARK BELOW)
<ul style="list-style-type: none"> <input type="radio"/> ANXIETY, IRRITABILITY, OR RESTLESSNESS <input type="radio"/> DEPRESSION <input type="radio"/> SUBSTANCE ABUSE <input type="radio"/> SLEEP PROBLEMS <input type="radio"/> HALLUCINATIONS <input type="radio"/> TROUBLE PAYING ATTENTION <input type="radio"/> TROUBLE FINISHING SCHOOL WORK OR COMPLETING WORK TASKS <input type="radio"/> AGGRESSIVE BEHAVIORS <input type="radio"/> SOCIAL ISOLATION OR WITHDRAWAL <input type="radio"/> POOR APPETITE OR WEIGHT LOSS <input type="radio"/> EMOTIONAL OUTBURSTS <input type="radio"/> POOR ADJUSTMENT TO A MEDICAL CONDITION <input type="radio"/> PHOBIAS <input type="radio"/> POOR APPETITE OR WEIGHT GAIN <input type="radio"/> PANIC ATTACKS <input type="radio"/> DANGER TO SELF OR OTHERS (SUICIDE/HOMICIDAL) <input type="radio"/> IMPULSIVENESS <input type="radio"/> MOOD SWINGS <input type="radio"/> SELF ABUSE/MUTILATION <input type="radio"/> CHAOTIC HOME ENVIRONMENT <input type="radio"/> SCHOOL BULLYING <input type="radio"/> NIGHTMARES <input type="radio"/> JOB LOSS <input type="radio"/> RELATIONSHIP PROBLEMS

- LEGAL CONCERNS
- CHRONIC MEDICAL CONDITION
- JOB INSTABILITY
- EXCESSIVE FORGETFULNESS
- OBSESSIVE AND REPEATED RITUALS AND THOUGHTS
- SEXUAL HYPERACTIVITY
- OTHER (DESCRIBE IN DETAIL):

REASON FOR REFERRAL (MARK ONE)

- TESTING
- TREATMENT
- TESTING AND CONTINUED TREATMENT

PLEASE NOTE:
ALL REFERRALS SHOULD SPECIFY WHETHER A REPORT IS TO BE SENT BACK TO THE TREATING CLINICIAN
PATIENT RECORDS SHOULD BE SENT (WITH APPROPRIATE RELEASE OF INFORMATION FOR) TO:
DR. STELLA J. FERNANDEZ
1941 COPPER OAKS CIRCLE
BLUE SPRINGS, MISSOURI 64015