



Lawrence G. Lyons, Ph.D

Clinical Psychologist

LOCATION: 1950 E. 17th St., #235
Santa Ana, CA 92705

CARLSBAD: 3132 Tiger Run Ct #103
Carlsbad, CA 92010

Treatment Referral Form

Please Fax for Schedule Processing:

FAX/EMAIL REFERRAL TO: (760) 692-4810

Email: info.lyonsphd@gmail.com;

Tatiana.lyonsphd@gmail.com

OFFICE #: (714) 587-8094 Ask for Tatiana

TYPE OF CASE:

WC CASE PI CASE PPO INS

APPOINTMENT DATE: _____ TIME: _____ AM/PM

PLEASE CHECK THE FOLLOWING:

- PSYCHOLOGICAL EVALUATION
- NEUROCOGNITIVE EVALUATION w/QEEG
- PTP
- SECOND OPINION
- TRANSFER OF CARE
- COGNITIVE BEHAVIORAL THERAPY (CBT)
- BIOFEEDBACK THERAPY
- MEDICAL-LEGAL EVALUATION (LC4662(B))
- SURGICAL CLERANCE:** (SPINAL CORD STIMULATOR, LUMBAR DECOMPRESSION AND FUSION, INTRATHECAL MORPHINE PUMP, ETC.)

REFERRED BY: _____ DATE: _____

TELEPHONE: _____

PHYSICIAN SIGNATURE: _____

PLEASE ATTACH THE FOLLOWING TO THIS FORM:

1. APPLICATION FOR ADJUDICATION OF CLAIM & DWC-1 CLAIM FORM
2. QME, AME and/or MEDICAL RECORDS, if any.
3. PHYSICIAN DESIGNATION FORM (4600 letter)
4. MEDICAL-LEGAL LETTER & NOTICE OF DENIAL
5. RFA FORM & RFA Fax Confirmation for REFERRAL

PATIENT INFORMATION

Patient Last Name: _____ First: _____ M.I. _____

Social Security #: _____ Date of Birth: _____ Sex: Male Female

Address: _____

Phone: _____ Cell/Work/Etc: _____

Employer: _____ Phone: _____

Address: _____

Applicant Attorney: _____ Phone: _____ Fax: _____

Address: _____

Insurance: _____ Phone: _____ Fax: _____

Adjuster Name: _____ Claim #: _____ DOI: _____

Notes: