THE IMAGINE CENTER FOR PSYCHOLOGICAL HEALTH

Michael E. Behen, PhD, LP
#6301013057

Patient Name: ____________________ **Date of Birth:** ____________________

Parent or Guardian: ____________________ **Phone Number:** ____________________

Referred By: ____________________ **Referral Phone Number:** ____________________

Presenting problem(s):

- ☐ Abuse/neglect
- ☐ Academic/educational problems
- ☐ Addiction (e.g. substance abuse, gambling)
- ☐ Anxiety problems
- ☐ Attention deficit with/without hyperactivity
- ☐ Autism Spectrum problems
- ☐ Bariatric surgery evaluation
- ☐ Behavioral/conduct problems
- ☐ Depression
- ☐ Developmental delay
- ☐ Divorce
- ☐ Domestic violence
- ☐ Eating problems (e.g. anorexia, bulimia, pica)
- ☐ Enuresis/encopresis
- ☐ Fear/phobia
- ☐ Intellectual disability
- ☐ LGBT identity or adjustment issues
- ☐ Legal problems
- ☐ Learning disorder
- ☐ Loss/traumatic event
- ☐ Marital/relationship problems
- ☐ Medical complaints without organic findings
- ☐ Neuropsychological assessment
- ☐ Parent-child/parent-teen conflict
- ☐ Parent/family stress
- ☐ Problems associated with medical issues
- ☐ Psychogenic seizures
- ☐ Psychological assessment
- ☐ Psychosis
- ☐ Psychosomatic problems
- ☐ School truancy/phobia
- ☐ Self-esteem issues
- ☐ Sexual dysfunction/problems
- ☐ Sleep problems
- ☐ Speech/language disorder
- ☐ Stress (e.g. job loss, financial strain, etc.)
- ☐ Substance abuse
- ☐ Suicidal thought/ideation
- ☐ Therapy/counseling
- ☐ Tics/Tourette's, Comprehensive Behavioral Intervention for Tics (CBIT)
- ☐ Other ____________________

Please have patient or patient's legal guardian sign the following prior to sending:

I request and authorize The Imagine Center for Psychological Health / Michael E. Behen, Ph.D., LP to exchange healthcare information for the patient named above with:

Name: ____________________

Address: ____________________

City: ____________________ State: __________ Zip Code: ____________________

Patient/Guardian: ____________________ **DATE:** ____________________

THIS AUTHORIZATION EXPIRES 120 DAYS AFTER IT IS SIGNED

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2nd Floor
Detroit, MI, 48201

42140 Van Dyke Ave.
Suite 210
Sterling Heights, MI, 48314

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Northville, MI, 48167

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