



Center for PCS and PTSD Treatment

Center for PCS and PTSD Treatment, LLC
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REFERRAL FORM
COGNITIVE BEHAVIORAL THERAPY

Patient First Name:		Today's Date:	
Patient Last Name:		Referring Contact Person:	
Patient DOB:		Referring Contact Phone:	
Patient Phone:		Referring Attorney:	
Patient Email:		Attorney Firm:	
Patient Gender:		Attorney Telephone:	
Preferred Language:			

Additional Comments:

Psychological Services:

- ✓ Neurobehavioral Status Exam and Clinical Interview with expert Psychologist and mental health professionals trained in providing evidence-based treatment for acquired brain injury and a variety of mental health conditions (incl. depression, anxiety, PTSD, grief and loss, chronic pain, insomnia, etc.)
- ✓ Comprehensive intake evaluation that includes pertinent areas of the patient's medical and psychiatric history, diagnostic impressions, and treatment plan.
- ✓ Continual assessment of patient symptoms and collaboratively determined goals.
- ✓ Referrals for relevant medical referrals including psychiatry and neurology for medication management.

Evidence-Based Treatment Offerings:

- ✓ Cognitive Behavioral Therapy (CBT) for Depression
- ✓ Cognitive Behavioral Therapy (CBT) for Anxiety
- ✓ Cognitive Processing Therapy (CPT)— an evidence-based treatment for PTSD
- ✓ Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
- ✓ Cognitive Behavioral Therapy- Insomnia (CBT-I)
- ✓ Cognitive Behavioral for Adult ADHD
- ✓ Acceptance and Commitment Therapy (ACT) for Anxiety, Depression and OCD

To maximize efficiency of our communication with the claimant, please inform your client this is a formal telemedicine medical appointment and the reason for this referral.

Note: A late cancellation and/or no-show fee will apply.

PLEASE EMAIL TO orozco@apexneurohealth.com