

Gregory Dorris, PsyD
LICENSED PSYCHOLOGIST

Mark Hurst, PhD
LICENSED PSYCHOLOGIST

Injured Worker Referral

Please provide information requested below, indicate which type of referral is being made and fax to Dr. Dorris at 509-255-3247

Psychological Consult

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: _____ Date of Birth: _____

Accepted medical (*not* psych) diagnosis: _____ ICD 10: _____

Claims Manager: _____ CM phone: _____

Signed by

Attending Physician: _____ Date: _____

Please fax to Dr. Dorris at 509-255-3247