



PSYCHOLOGICAL and MEDICAL EVALUATION REFERRAL SHEET

Please attach and submit a copy of the client's declaration with this referral sheet

**Fax or mail completed form and declaration to:
(415) 437-3050**

Date of Referral: _____

SECTION I:

Client Name (LAST, First): _____

Date of Birth (MM/DD/YYYY): _____

Street Address: _____ OK to send mail

City, State, Zip: _____

Own Home Relative/Friend's Home Shelter Mail Pick Up Only Other (_____)

Home Phone: _____ OK to call OK to leave a message

Cell Phone: _____ OK to call OK to leave a message

Gender (circle one): F / M / Trans (M-F) / Trans (F-M)

Sexual Orientation: Gay/Lesbian Heterosexual Bisexual Unsure/Questioning Decline to State

Education & /or Occupation: a) in country of origin: _____

b) in United States: _____

Country of Origin: _____

Primary Language: _____ Secondary Language, if applicable: _____

English Proficiency: _____

SECTION II:

1. Indicate the type of asylum evaluation report requested (select one):

Psychological Evaluation Medical Evaluation

2. Date of Last Entry into the United States (MM/DD/YYYY): _____

3. When do you require the completed evaluation report to be submitted to your office:

(MM/DD/YYYY): _____

Immigration Court Hearing Asylum Office Interview



4. To your knowledge, has the client had a head trauma resulting in loss of consciousness due to the torture or trauma endured?

Yes

No

5. What are the referring questions for the evaluator?

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Name of Referral Source (LAST, First): _____

Relationship to the Referred:

Legal Representative

Family Member

Assistant to the client's Legal Representative

Other, describe:

Company or Organization Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Office Phone: _____

preferred

Cell Phone: _____

preferred



INTERPRETATION

To ensure the highest standard and consistency of interpretation, Survivors International seeks to provide interpretation for evaluation appointments whenever possible.

However, in the case of rare languages and/or short deadlines, attorneys may provide a professional interpreter to accompany the client, provided that the attorney and client have already been working with the interpreter on this case.

If you have been working with an interpreter with in this case, please provide their contact information here:

Name: Mr / Mrs / Ms / Dr. (First, LAST)

Address (Street, City, State, Zip): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

If a Survivors International interpreter can be arranged, Survivors International will cover the cost of interpretation. Should the attorney's interpreter be engaged in service, the referring legal organization or attorney will be expected to cover the cost of the services provided by their interpreter (average 4 hours per evaluation).

- Survivors International may contact the interpreter directly for scheduling
- I prefer to schedule the interpreter and client for appointments

BILLING INFORMATION

We greatly value your referral and dedication to your client. Survivors International provides services free of charge to clients. This is made possible by your firm's contribution to cover the \$1,200 cost of evaluation, report, testimony and client services.

Billing Information: (if different from above)

Name of person or organization: _____

Address: _____

If requesting a waiver, please indicate the amount of waiver requested: \$_____

(Circle one, only if applicable)

LLCR / EBSC / AAN