

## Neuropsychological & Psychological Testing Referral Form

<p><b>Patient Info:</b></p> <p>Name: _____</p> <p>DOB: _____</p> <p>Contact Info: _____</p>	<p><b>Provider Info:</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Fax: _____</p>				
<p><b>Reason for referral (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assist with diagnosis</li> <li><input type="checkbox"/> Assist with specific differential (stated below)</li> <li><input type="checkbox"/> Evaluate current functioning/strengths/limits</li> <li><input type="checkbox"/> Legal/decisional capacity (conservator, etc.)</li> <li><input type="checkbox"/> Assess for contribution of psychological factors</li> <li><input type="checkbox"/> Establish a cognitive baseline</li> <li><input type="checkbox"/> Compare to prior eval, assess interval change</li> <li><input type="checkbox"/> Presurgical evaluation</li> <li><input type="checkbox"/> Psychological only (e.g., mood/personality)</li> </ul>	<p><b>Provide recommendations (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment recommendations</li> <li><input type="checkbox"/> Suitability for surgery/intervention</li> <li><input type="checkbox"/> Daily functioning considerations (e.g., driving)</li> <li><input type="checkbox"/> Placement considerations (e.g., long term care)</li> <li><input type="checkbox"/> Work considerations</li> <li><input type="checkbox"/> Academic considerations</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>*Please note that decisional capacity evaluations include legal components and are not covered by insurance</b></p>				
<p><b>Patient complaints:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-right: 20px;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Inattention</li> <li><input type="checkbox"/> Confusion</li> <li><input type="checkbox"/> Hypoactivity/Hyperactivity</li> <li><input type="checkbox"/> Psychosis/Hallucinations</li> <li><input type="checkbox"/> Atypical behavior</li> <li><input type="checkbox"/> Unprovoked agitation/aggression</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-injurious behavior</li> <li><input type="checkbox"/> Eating disorder symptoms</li> <li><input type="checkbox"/> Withdrawal/limited social interaction</li> <li><input type="checkbox"/> Mood instability</li> <li><input type="checkbox"/> Changes in memory</li> <li><input type="checkbox"/> Cognitive changes affecting daily functioning</li> <li><input type="checkbox"/> Behavior problems affecting daily functioning</li> <li><input type="checkbox"/> Other: _____</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Inattention</li> <li><input type="checkbox"/> Confusion</li> <li><input type="checkbox"/> Hypoactivity/Hyperactivity</li> <li><input type="checkbox"/> Psychosis/Hallucinations</li> <li><input type="checkbox"/> Atypical behavior</li> <li><input type="checkbox"/> Unprovoked agitation/aggression</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Self-injurious behavior</li> <li><input type="checkbox"/> Eating disorder symptoms</li> <li><input type="checkbox"/> Withdrawal/limited social interaction</li> <li><input type="checkbox"/> Mood instability</li> <li><input type="checkbox"/> Changes in memory</li> <li><input type="checkbox"/> Cognitive changes affecting daily functioning</li> <li><input type="checkbox"/> Behavior problems affecting daily functioning</li> <li><input type="checkbox"/> Other: _____</li> </ul>		
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<p><b>Additional information regarding referral or any specific requests regarding the consult:</b></p>  					

**\*Please fax all relevant medical records, medication profiles, neuroimaging studies, and/or results of any recent lab work. Thank you for the referral.**