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Neuropsychological & Psychological Testing Referral Form

Patient Info:

Name: _____

DOB: _____

Contact Info: _____

Provider Info:

Name: _____

Phone: _____

Fax: _____

Reason for referral (check all that apply):

- ☐ Assist with diagnosis
- ☐ Assist with specific differential (stated below)
- ☐ Evaluate current functioning/strengths/limits
- ☐ Legal/decisional capacity (conservator, etc.)*
- ☐ Assess for contribution of psychological factors
- ☐ Establish a cognitive baseline
- ☐ Compare to prior eval, assess interval change
- ☐ Psychological only (e.g., mood/personality)
- ☐ Other:_____
  _____

Provide recommendations (check all that apply):

- ☐ Treatment recommendations
- ☐ Suitability for surgery/intervention
- ☐ Daily functioning considerations (e.g., driving)
- ☐ Placement considerations (e.g., long term care)
- ☐ Work considerations
- ☐ Academic considerations
- ☐ Other:_____
  _____

***Please note that decisional capacity evaluations include legal components and are not covered by insurance**

Patient complaints:

- ☐ Anxiety
- ☐ Depression
- ☐ Inattention
- ☐ Confusion/Disorientation
- ☐ Hypoactivity/Hyperactivity
- ☐ Psychosis/Hallucinations
- ☐ Atypical behavior
- ☐ Unprovoked agitation/aggression
- ☐ Self-injurious behavior
- ☐ Eating disorder symptoms
- ☐ Changes in behavior
- ☐ Mood instability
- ☐ Changes in memory
- ☐ Cognitive changes affecting daily functioning
- ☐ Behavior problems affecting daily functioning
- ☐ Other:_____

Provider concerns:

Cognitive
- ☐ Memory
- ☐ Attention
- ☐ Processing speed
- ☐ Executive function
- ☐ Language
- ☐ Visuospatial
- ☐ Judgment
- ☐ Symptom validity

Psychological
- ☐ Depression
- ☐ Anxiety
- ☐ Personality change
- ☐ Substance misuse
- ☐ Sleep problems
- ☐ Other:

Motor
- ☐ Gait changes
- ☐ Recent falls
- ☐ Tremors
- ☐ Other:

Medical (history of):
- ☐ Delirium
- ☐ Stroke
- ☐ Seizures
- ☐ Head injury
- ☐ Possible toxic exposure
- ☐ Possible anoxic/hypoxic injury
- ☐ Family history of dementia
- ☐ Other:

Additional information regarding referral or any specific requests regarding the consult:

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