



THE UNIVERSITY OF NEW MEXICO  
**HEALTH SCIENCES CENTER**

Place UNMH  
patient id  
label here.

Center for Neuropsychological Services • 915 Vassar Dr. NE Suite 170 Albuquerque, NM • Phone (505) 272-8833 • Fax (505) 272-8316  
Mailing Address Center for Neuropsychological Services • Department of Psychiatry •  
MSC 09 5030 • 1 University of New Mexico • Albuquerque, NM 87131-0001

Provider Referral Form  
**NEUROPSYCHOLOGICAL CONSULTATION**

**Referring Provider Information:** (attending physician)

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address/Mail Stop Code: \_\_\_\_\_ FAX #: \_\_\_\_\_

**Patient Demographic Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS #: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

\_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Primary language spoken by patient: \_\_\_\_\_

**Emergency Contact Information:** (if patient is a minor child please give parent/guardian information)

Name/Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Insurance Information:**

(include card copy front & back if possible)

Insurance Co. Name: \_\_\_\_\_ ID. #: \_\_\_\_\_ Group #: \_\_\_\_\_

Primary Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Co. Phone #: \_\_\_\_\_ Claims mailing Address: \_\_\_\_\_

**Reason for Request:**

Pertinent background information ie. diagnosis, history, Medical justification for request. (if necessary attach a separate sheet or copy of office record): \_\_\_\_\_

**What specific question(s) would you like answered** (Please describe):

Cognitive Strengths/Weaknesses: \_\_\_\_\_

Baseline Neuropsychological Assessment: \_\_\_\_\_

Diagnostic Clarification: \_\_\_\_\_

Change/Decline in cognitive function: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Cognitive Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

**Disclaimer:** Request for services are reviewed for medical necessity by a clinical psychologist. Failure to provide **all** requested information may result in a delay of services and/or scheduling of your patient. Appointments are scheduled in the order that requests are received. Patients may request to be added to the waiting list in the event of a cancellation once they have received an appointment letter from our clinic. In accordance with this clinic's policy, patients who are not reachable by phone or mail due to incorrect demographic information may have their appointment cancelled.