

ADULT NEUROPSYCHOLOGICAL CONSULTATION: PROVIDER REFERRAL

Referring Clinicians: Please read the following information in order to determine whether neuropsychological services are **medically necessary** for your patient. The following information is provided as a guideline for completing referrals. Please read carefully, as referrals may be delayed or denied if these guidelines are not followed. Every referral is reviewed by a staff neuropsychologist.

- Please be aware that the Center for Neuropsychological Services (CNS) is **NOT** able to accept referrals for patients **without** cognitive concerns or changes in functioning - for example, patients who *only* have behavioral difficulties or chronic psychiatric conditions. Please refer these patients for psychiatric evaluation or treatment instead.
- Please note that CNS does **NOT** provide psychiatric or psychological **treatment** services, such as psychotropic medication changes, pain management, or psychotherapy services.
- Is this a referral for a patient with a known psychiatric condition who is not yet psychiatrically stable (for example, a patient with ongoing bipolar disorder or PTSD)? Please refer the patient for further psychiatric evaluation or treatment *first* prior to referral for neuropsychological evaluation.
- Is this a referral related to traumatic brain injury (TBI) with ongoing cognitive and/or behavioral difficulties?
 - If mild TBI/concussion occurred > 1 year ago OR if moderate/severe TBI occurred >5 years ago **without** current declines or changes in cognitive functioning: Please refer the patient for psychiatric evaluation and/or treatment *first* prior to referral for neuropsychological evaluation.
- Please be aware that CNS is **NOT** able to provide neuropsychological evaluations to assess solely for the following disorders/conditions in adults:
 - Attention Deficit/Hyperactivity Disorder
 - Intellectual Disability
 - Learning Disability
 - Autism Spectrum Disorder
 - Spinal cord stimulator or bariatric surgery candidacy
 - Diagnostic clarification of psychiatric conditions (e.g., personality disorder, PTSD)



Place UNMH patient id label here.

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PATIENT DEMOGRAPHIC INFORMATION:

Name: _____ Date of Birth: _____

SS #:(required for insurance purposes) _____ Age: _____

Address: _____ Home Telephone #: _____

_____ Cell/Work Telephone #: _____

***PATIENT'S PRIMARY LANGUAGE** _____ Need Interpreter? _____

EMERGENCY CONTACT:

Name/Relationship: _____ Telephone #: _____

INSURANCE: *Following information is **not** necessary if you provide copy of patient's current insurance card (front and back)*
Policy Holder Name: _____ Date of Birth _____
Insurance Co. Name: _____ Insurance Phone# _____
Address: _____
ID# _____ Group# _____

REFERRING PROVIDER:

Name: _____ Credentials: _____

Mailing Address: _____

Telephone #: _____ FAX #: _____

THE FOLLOWING QUESTIONS MUST BE COMPLETED ("REFER TO CLINIC NOTES" IS NOT SUFFICIENT AND WILL RESULT IN REFERRAL DENIAL)

What **known or suspected medical condition** (required for insurance reimbursement) is contributing to the patient's cognitive and functional impairments? (for example, dementia, epilepsy, recent traumatic brain injury/TBI)

What is your **referral question(s)** – i.e. What do you hope a neuropsychological evaluation will help answer? (for example, Does the patient have dementia? What are the patient's cognitive strengths/weaknesses post stroke or recent TBI?)

*Please fax any pertinent **medical records, neuroimaging reports or past neuropsychological evaluations** as well.

PROVIDER SIGNATURE (Required for Insurance) _____