Department of Psychiatry
Clinical Neuropsychology & Affective Neuroscience Program

NEUROPSYCHOLOGICAL EVALUATION REFERRAL FORM

REFERRAL QUESTION:

If *diagnostic clarification* is requested, specify ALL differentials here…

1. 
2. 
3. 

*Other referral question? Write here…*

ATTACH/SUMMARIZE PREVIOUS NEUROPSYCH OR PSYCHOLOGICAL TESTING (include reports if available) OR OTHER RELEVANT DIAGNOSTIC INFORMATION (CT/MRI, PET, EEG, etc. and/or neurological exam results):

RELEVANT MEDICAL/NEUROLOGICAL CONDITIONS CONTRIBUTING/RELATED TO NEURO-PSYCHOLOGICAL REFERRAL:

Please check all that apply:

- [ ] Epilepsy
- [ ] Traumatic brain injury or concussion
- [ ] Cancer (brain)
- [ ] Cancer (other)
- [ ] Stroke or other cerebrovascular disease
- [ ] Encephalitis/encephalopathy
- [ ] Multiple Sclerosis
- [ ] Possible dementia
- [ ] Alcohol and/or drug abuse

DO YOU SUSPECT COGNITIVE DIFFICULTIES ASSOCIATED WITH (select all that apply):

- [ ] COVID-19
- [ ] HIV/AIDS
- [ ] Other autoimmune disorder
- [ ] Metabolic disorder
☐ Sleep disorder (e.g., narcolepsy or sleep apnea)
☐ Chronic fatigue syndrome
☐ Other (specify):

___________________________________________________________________________________________________________

☐ ADHD/Learning disability. **NOTE:** If neuropsychological testing is needed to evaluate for ADHD or learning disability, it may not be a covered benefit by insurance unless there is a known or suspected medical/neurological condition contributing to the condition. **Please specify the suspected medical/neurological condition contributing to the attentional and/or learning difficulties here:**