Barrow Neurological Institute | Dignity Health. St. Joseph's Hospital and Medical Center

Department of Clinical Neuropsychology 222 West Thomas Road, Suite 315 Phoenix, AZ 85013
Phone: (602) 406-3671
Fax: (602) 406-6115

Outpatient Neuropsychological Assessment Referral

To be completed by referring provider's office

Patient Name	Referring Provider
Patient Address	Referring Provider Address
Patient Phone	Referring Provider Phone
Patient DOB Language: _____ Note: We are only able to perform evaluations in English at this time	Referring Provider Fax

Referring neurological diagnosis (patient must have a neurological diagnosis, no vague diagnosis such as "memory loss")

❑	Brain tumor	❑	Epilepsy/Seizure disorder	❑	NPH
❑	Brain injury	❑	Memory impairment	❑	Parkinson's disease
❑	Cerebral anoxia or hypoxia	❑	Mild cognitive impairment	☐	Stroke/Aneurysm
❑	Concussion	❑	Movement disorder		OTHER (please specify)
❑	Dementia	❑	Multiple sclerosis	❑	

Has there been a significant change in mental status or behavior? ☐ Yes ☐ No

Does the patient have a diagnosis of a psychiatric condition? ☐ Yes ☐ No _____
Is the patient on any psychotropic medications? ☐ Yes ☐ No _____

Nature of referral request ☐ Urgent (specify reason for urgency) ☐ Routine (next available appointment)	☐ Specific neuropsychologist requested _____ ☐ First available appointment with any neuropsychologist
☐ Medical records attached (required)	☐ Neuroimaging attached (CT or MRI scan report)
Neuropsychological referral question	* If the patient has had a prior Neuropsychological evaluation, please send a copy of the report
Patient insurance (attach copy of insurance card)	
Insurance prior authorization required? ☐ Yes ☐ No	

For Department use only

Appointment date	
Neuropsychologist	