

# Outpatient Neuropsychological Assessment Referral



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

## 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: _____  Is the patient bilingual or monolingual? _____	Referring Provider Fax

### Referring diagnosis

<input type="checkbox"/> Brain tumor	<input type="checkbox"/> Epilepsy/Seizure disorder	<input type="checkbox"/> NPH
<input type="checkbox"/> Brain injury	<input type="checkbox"/> Memory impairment	<input type="checkbox"/> Parkinson's disease
<input type="checkbox"/> Cerebral anoxia or hypoxia	<input type="checkbox"/> Mild cognitive impairment	<input type="checkbox"/> Stroke/Aneurysm
<input type="checkbox"/> Concussion	<input type="checkbox"/> Movement disorder	OTHER (please specify)
<input type="checkbox"/> Dementia	<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/>

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

Neuropsychological referral question

Nature of referral request <input type="checkbox"/> Urgent (specify reason for urgency) <input type="checkbox"/> Routine (next available appointment)	<input type="checkbox"/> Specific neuropsychologist requested _____ <input type="checkbox"/> First available appointment with any neuropsychologist
<input type="checkbox"/> Medical records attached (required)	<input type="checkbox"/> Neuroimaging attached (CT or MRI scan report)
Patient insurance (attach copy of insurance card)	Insurance prior authorization required? <input type="checkbox"/> Yes <input type="checkbox"/> No

## For Department of Neuropsychology use only

Referral reviewed by	<input type="checkbox"/> Accept <input type="checkbox"/> Declined
If declined, reason for declination	
Priority for accepted referral <input type="checkbox"/> Urgent <input type="checkbox"/> Next available <input type="checkbox"/> Routine	Appointment date
Patient contacted (date & initials)	Neuropsychologist