NEXTSTEPS NEUROPSYCHOLOGY

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NEW PATIENT REFERRAL FORM

NEUROPSYCHOLOGICAL EVALUATION ☐ PSYCHOTHERAPY ☐

Patient Information	Provider Information
Name:	Name:
DOB:	NPI:
Contact:	Contact:
Insurance:	

Reason for referral (check all that apply):

- ☐ Assist with diagnosis
- ☐ Assist with specific differential (stated below)
- ☐ Evaluate current functioning/strengths/limits
- ☐ Legal/decisional capacity (conservator, etc.)
- ☐ Assess for contribution of psychological factors
- ☐ Establish a cognitive baseline
- ☐ Compare to prior eval, assess interval change
- ☐ Presurgical evaluation
- ☐ Psychological only (e.g., mood/personality)

Provide Recommendations (check all that apply):

- ☐ Treatment recommendations
- ☐ Suitability for surgery/intervention
- ☐ Daily functioning considerations (e.g., driving)
- ☐ Academic considerations
- ☐ Work considerations
- ☐ Other:

*Please note that decisional capacity evaluations include legal components and are not covered by insurance

Patient Concerns:

- ☐ Anxiety
- ☐ Depression
- ☐ Inattention
- ☐ Confusion
- ☐ Hypoactivity/Hyperactivity
- ☐ Psychosis/Hallucinations
- ☐ Atypical behavior
- ☐ Unprovoked agitation/aggression
- ☐ Self-injurious behavior
- ☐ Eating Disorder Symptoms
- ☐ Withdrawal/limited social interaction
- ☐ Mood instability
- ☐ Changes in memory
- ☐ Cognitive changes affecting daily functioning
- ☐ Behavior problems affecting daily functioning
- ☐ Other

Provider Concerns:

Cognitive

- ☐ Memory
- ☐ Attention
- ☐ Processing Speed
- ☐ Executive Function
- ☐ Language
- ☐ Visuospatial
- ☐ Judgement
- ☐ Symptom Validity

Psychological

- ☐ Anxiety
- ☐ Depression
- ☐ Personality change
- ☐ Substance misuse
- ☐ Sleep problems
- ☐ Other:

Motor

- ☐ Gait changes
- ☐ Recent falls
- ☐ Tremors
- ☐ Other:

Medical (history of):

- ☐ Diabetes
- ☐ Seizures
- ☐ Stroke
- ☐ Head injury
- ☐ Toxic exposure
- ☐ Family history of dementia
- ☐ Other:

Does the patient have any limitations? ☐ Communication ☐ Language ☐ Vision ☐ Hearing ☐ Physical Disability

Additional information regarding referral or any specific requests regarding the consult:

***Please upload or fax all relevant medical records, medication profiles, neuroimaging studies, and/or results of any recent lab work. Thank you for the referral.* https://hushforms.com/nsnp-referral