Neuropsychological Testing Referral Form

CLARUS
HEALTH ALLIANCE
150 Otrobando Avenue
Norwich, CT 06360
t: 860.889.7274
f: 860.889.2131

Referring Provider: ____ NPI: _____________________

Organization: __________________________ Phone: _________________ Fax: ________________

Patient Information:

Last Name: ___________________________________ First Name: ________________________ DOB: _________________

Address: ____________________________________ City: ____________________________ State: ______ Zip: __________

Home Phone: __________________________ Cell Phone: _______________________ Gender: ☐M ☐F ☐Trans ☐NB

Contact *(if other than patient)*: ___________________________ Phone: __________________ Relationship: ________________
Please specify if patient is under guardianship or conservatorship

Insurance Information:

Primary Insurance Carrier: ____________________ ID#: ______________________________ Group#: _________________

Subscriber Name: _________________________________ DOB: __________________ Relationship: __________________

Secondary Insurance Carrier: __________________ ID#: ______________________________ Group #: ________________

Subscriber Name: _________________________________ DOB: __________________ Relationship: __________________

Reason for Referral (check all that apply):

- ☐ Assist with diagnosis
- ☐ Assist with specific differential (state below)
- ☐ Evaluate current functioning/strengths/limits
- ☐ Assess for contribution of psychological factors
- ☐ Assess capacity for decision-making
- ☐ Establish cognitive baseline
- ☐ Compare to a prior eval and assess interval change
- ☐ Presurgical Evaluation

Desired Recommendations (check all that apply):

- ☐ Treatment recommendation
- ☐ Daily functioning (e.g., driving)
- ☐ Placement (e.g., long term care)
- ☐ Work
- ☐ Academic
- ☐ Suitability for surgery/intervention
- ☐ Other:

Patient Complaints:

- ☐ Anxiety/Depression/Mood instability
- ☐ Inattention
- ☐ Confusion
- ☐ Hypoactivity/Hyperactivity
- ☐ Agitation/Aggression
- ☐ Atypical behaviors
- ☐ Learning/Academic problems
- ☐ Problems with social skills/behaviors
- ☐ Autism related concerns
- ☐ Self-injurious behavior
- ☐ Changes in memory and/or thinking skills
- ☐ Declines in daily functioning
- ☐ Psychosis/Hallucinations
- ☐ Other:

Provider Concerns:

Cognitive

- ☐ Attention
- ☐ Processing Speed
- ☐ Language/Speech
- ☐ Visuospatial
- ☐ Memory
- ☐ Executive Functioning
- ☐ Judgement/Insight
- ☐ Symptom Validity

Psychological

- ☐ Depression/Anxiety
- ☐ Hallucinations/Delusions/Paranoia
- ☐ Personality change
- ☐ Substance misuse
- ☐ Sleep problems
- ☐ Behavior Disturbance
- ☐ Social Challenges
- ☐ Previous Dx: ___________ ___________
- ☐ Other:

Motor

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

Medical (history of)

- ☐ Delirium
- ☐ Heart Attack
- ☐ Prematurity
- ☐ Head Injury
- ☐ Possible toxic exposure
- ☐ Possible anoxic/hypoxic injury
- ☐ Family history of dementia
- ☐ Other:
- ☐ Stroke
- ☐ Cancer
- ☐ Seizures

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

Please fax all relevant office notes, problem list, previous evaluations, medications, labs, neuroimaging results, etc. Thank you for the referral.

Neuropsychological Testing Referral Guidelines

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Referring Providers: Please read the following information to help determine whether neuropsychological services are medically necessary for your patient (as required for insurance reimbursement). 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 closely reviewed by our staff.

1. Please be aware that Clarus Health Alliance is not able to accept neuropsychological testing referrals for patients *without* cognitive concerns or changes in functioning. For example, patients *only* exhibiting psychiatric concerns should instead be referred for psychiatric evaluation or treatment prior to neuropsychological services.

   Psychological testing is best differentiated from neuropsychological testing in that the purpose of the psychological evaluation is to provide diagnostic impression of psychiatric conditions, such as depression, anxiety, bipolar, schizophrenia, etc. In contrast, neuropsychological testing is often required for individuals with known or suspected neurological compromise as well as learning disorders and neurodevelopmental conditions. In these evaluations, the primary focus is on assessing and characterizing an individual's attention, processing speeds, language skills, visual skills, memory, and executive functioning.

2. If this is 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 *prior to* a referral for neuropsychological services.

3. Please note Clarus Health Alliance does not provide psychiatric treatment services such as medication management or pain management. Clarus Health Alliance *does* offer psychotherapy services for clients ages 14 and older. Please see the "resources" tab on our website (www.clarushealthalliance.com) for our office's Psychotherapy Referral Form.

4. In addition to completing the referral form entirely, please attach recent medical records (office notes, problem list, medications, labs, neuroimaging results, previous neuropsychology reports, etc.) describing cognitive and/or emotional issues.

Once medical records, patient demographics, and insurance information are received, our office will be able to proceed with scheduling your patient. If the referral is incomplete, it may be denied and returned.

Please fax your referral to 860-889-2131. Should you have any questions, please call the office at 860-889-7274. We appreciate working with you and look forward to providing services for your patients.