

REQUEST FOR PEDIATRIC NEUROPSYCHOLOGICAL EVALUATION (ages 4 to 19 only)**Indications for Neuropsychological Consultation**

Neuropsychological consultation has a major role in diagnosis, rehabilitation, and to better understanding the patient's cognitive functioning as it relates to their diagnoses. Neuropsychological evaluation is especially valuable as an objective measure of pre-and post-treatment assessment. Children and adolescents with the following conditions may benefit from a neuropsychological evaluation. (Please note, pure psychological/behavioral concerns are not appropriate referrals).

- Traumatic/Acquired Brain Injury (e.g., perinatal stroke, brain tumor, concussion, hypoxia)
- Medical Conditions affecting central nervous system functioning (e.g., Lyme disease, cardiovascular disorders, genetic disorders)
- Pre and Post Evaluation and Treatment Efficacy: Epilepsy and other neurological disorders. Post chemo-therapy/brain surgery, other post treatment evaluation
- Memory & Learning Challenges that impair functioning (e.g., challenges with processing, attention, executive functioning, and short and long-term memory concerns) Pure academic testing to rule in/out a learning disability is usually not covered by insurance.

Patient Information:

Patient's Name: _____ DOB and Age: _____

Parent/Guardian: _____ Best Phone Number: _____

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Are both parents in agreement with the referral? ____ Yes ____ No

Email: _____

Address: _____

Provider Information:

Referring Provider: _____ Diagnosis: _____

Date of Onset/Injury (if applicable): _____

Referral Question(s): Please provide neuropsychological diagnosis. Given the patient's cognitive functioning, provide recommendations/insights into treatment and needed supports. etc Please provide information related to neuropsychological prognosis and overall impact on day to day functioning.**Information Needed for Referral:**

- **Please attach office notes that document condition and cognitive concerns.**
- **Include neuroimaging studies, demographic page, any recent testing, and insurance card(s).**