

## Neuropsychological Testing and EarliPoint™ Evaluation Referral Form

### PATIENT INFORMATION:

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Ph #:** \_\_\_\_\_ **Cell Ph #:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Primary Language** (*Note: Testing in English only*): \_\_\_\_\_  
**\*\* Guardianship/conservatorship?** ☐ No ☐ Yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Contact Person (*if other than patient*):

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### INSURANCE INFORMATION:

**Primary:** \_\_\_\_\_ **Policy ID:** \_\_\_\_\_ **Subscriber:** \_\_\_\_\_  
**Secondary:** \_\_\_\_\_ **Policy ID:** \_\_\_\_\_ **Subscriber:** \_\_\_\_\_

### REQUESTED SERVICES:

☐ Neuropsychological Evaluation ☐ EarliPoint™ Autism Evaluation (*ages 16-30 months*)

### REASON FOR REFERRAL:

**Current ICD-10 Diagnosis:** \_\_\_\_\_ **Rule Out ICD-10:** \_\_\_\_\_  
**Specific Referral Question:** \_\_\_\_\_

### Primary Concerns (check all that apply):

☐ Attention/Processing ☐ Memory ☐ Language ☐ Executive Functioning  
☐ Developmental Delay ☐ Social Challenges ☐ Depression/Anxiety ☐ Agitation/aggression  
☐ Motor Changes ☐ Other: \_\_\_\_\_

### Reason for Referral (check all that apply):

☐ Diagnosis Assistance ☐ Functioning Evaluation ☐ Cognitive Baseline  
☐ Treatment Recommendations ☐ Placement/Support Services ☐ Other: \_\_\_\_\_

### PROVIDER CERTIFICATION:

- *I certify that testing is **medically necessary** for my patient:*

**Provider Name (print):** \_\_\_\_\_ **NPI:** \_\_\_\_\_  
**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

- **Include:** Office notes with active diagnoses, medications, imaging, prior evaluations, etc. to support necessity  
- *Incomplete referrals may be denied and returned.*
- **Return** via fax to 860-748-4432

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100 Deerfield Road, Windsor, CT 06095 • P: 860.270.0600 • F: 860-748-4432  
22 Prestige Park Circle, East Hartford, CT 06108 • 860.728.1061  
24 Stott Avenue, Norwich, CT 06360 • 860.859.4148  
easterseals.com/Hartford • VeteransRallyPoint.com

## Provider Guidelines for Clinical Neuropsychological Evaluation Referrals

Easterseals Capital Region & Eastern Connecticut offers clinical neuropsychological evaluation services for children and adults. This guide is designed to streamline the referral process and enhance support for your patient's treatment.

Once a complete referral, including medical records, patient demographics, and insurance information, is received, our office will contact your patient to schedule. *Incomplete referrals may be denied and returned.* Referrals can be **faxed to 860-748-4432**. Please **call 860-270-0600 x 100** with any questions. We look forward to supporting your patient.

### What is a Clinical Neuropsychological Evaluation?

A neuropsychological evaluation assesses brain functioning and the impact on behavior, including learning, attention, language, and mood. Benefits include:

- Understanding cognitive difficulties and factors contributing to challenges in daily functioning.
- Establishing and tracking cognitive baselines.
- Monitoring disease progression and responses to treatment.
- Formulating treatment recommendations.
- Providing strategies for success in educational, work, and home environments.

### Criteria For Referral

#### *Refer for a neuropsychological evaluation when:*

- A change or decline in cognitive, behavioral, or daily functioning is observed.
- Assessment of the extent of cognitive issues and their contributing factors is needed.
- Diagnosing neurodevelopmental or neurocognitive reasons for daily functioning impairments.
- Evaluating the impact of medical or neurological conditions on cognition is necessary.
- Safety concerns in daily activities and decision-making capacity need examination.

### Criteria Against Referral

#### *Avoid referring when:*

- No cognitive changes or concerns are observed or reported.
- The primary need is the differential diagnosis of psychiatric conditions, including personality disorders. Instead, refer for *psychiatric* evaluation. (Note: Neuropsychological referral may be appropriate if cognitive concerns persist following psychiatric treatment and stabilization.)
- Primary concerns are academic or learning disabilities. Consider a school district evaluation first, as insurance typically does not cover academic testing.
- The evaluation is required for legal reasons, such as for disability claims or lawsuits.

### Additional Services:

Easterseals does *not* provide psychiatric medication treatment services. Easterseals does **offer** psychotherapy and Speech and Language Therapy services for all ages. Please use our Outpatient Treatment Services Referral Form for these services.