



Psychological and Neuropsychological Testing Services Referral Form

PATIENT INFORMATION:

Name: _____ DOB: _____ Age: _____
Address: _____ City/State/Zip: _____
Home Ph #: _____ Cell Ph #: _____ Email: _____
Primary Language (Note: Testing is provided in English only): _____
**Guardianship/conservatorship? [] No [] Yes, Name: _____ Phone: _____
Contact Person (if not patient): Name: _____ Relationship: _____ Phone: _____

INSURANCE INFORMATION:

Primary: _____ Policy ID: _____ Secondary: _____ Policy ID: _____

TYPE OF EVALUATION REQUESTED

- [] Neuropsychological Evaluation (e.g., medical, neurological, or complex psychiatric condition)
[] Psychological evaluation (e.g., ADHD, ASD, psychiatric clarification; may be triaged to Neuropsych if complex history, broader cognitive impact, or functional decline)
[] Educational evaluation (e.g., academic testing, specific learning disability, IEP/504 support; **self-pay only)
[] Unsure, please determine (Our team will review and triage as appropriate)

REASON FOR REFERRAL:

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

Primary Concerns:

- [] Attention/Executive Function [] Social/Communication [] Emotional/Behavioral
[] Memory/Thinking [] Developmental [] Academic/School Performance
[] Medical/Neurological [] Other: _____

Evaluation Purposes:

- [] Diagnostic Clarification [] Treatment Recommendations [] Placement/Support Services
[] Functional Status [] Educational Planning (IEP/504) [] Other: _____

REQUIRED INFORMATION FROM REFERRING PROVIDER

** Pertinent office notes with active diagnoses, medications, prior testing/imaging, IEP/school reports (if child)
** Referring provider must be a prescribing provider for psychological or neuropsychological evaluation.

I certify this evaluation is medically necessary for the care of my patient:

Referred By (Print): _____ Signature: _____ Date: _____
NPI: _____ Phone: _____ Fax: _____ E-mail: _____

▪ FAX REFERRAL FORM AND REQUIRED INFORMATION TO 860-748-4432. Incomplete referrals may be returned. ▪

GUIDELINES FOR REFERRING PROVIDERS

Neuropsychological Testing vs. Psychological Testing

Referral Process: Fax completed referral (clinical records, demographics, insurance) to **860-748-4432**. Incomplete referrals may be returned.

Please note: Appointments may take several months and are scheduled from a waitlist based on complete referral submission.

Neuropsychological Evaluation:

Purpose: Comprehensive assessment of brain-based functions (attention, memory, language, executive function, visual-spatial skills, social-emotional/behavioral functioning). *Appropriate when there is suspicion or evidence of neurological involvement.*

Refer when:

- New/worsening cognitive, behavioral, or daily functioning changes with suspected neurological cause
- Diagnostic questions about cognitive/functional problems where neurological involvement is possible
- Neurodevelopmental or neurocognitive disorder concerns
- Evaluation of effects of neurological or medical conditions (e.g., brain injury, stroke, epilepsy, MS)
- Safety, independent living, or decision-making concerns related to possible brain dysfunction

Not appropriate when:

- Concern limited to emotional, behavioral, or psychiatric without cognitive changes (refer for psychiatric evaluation first)
- Primary concern is academic/learning problems (school testing is first step; insurance rarely covers academic testing)
- Testing is requested solely for legal purposes (disability claims, lawsuits)
- Diagnosis and treatment plan are already clear, or testing will not impact management
- Patient is medically or psychiatrically unstable, unable, or unwilling to participate

Psychological Evaluation:

Purpose: Assessment of emotional, behavioral, and personality functioning to clarify diagnosis and guide treatment.

Refer when:

- Diagnostic clarification for psychiatric disorders (mood, anxiety, psychosis, personality)
- Behavioral/emotional difficulties affecting daily life
- Pre-treatment psychological clearance (bariatric surgery, transplant)
- Risk assessment (suicide, violence, malingering)

Not appropriate when:

- Diagnosis is clear from clinical interview and history
- Symptoms are mild, situational, or expected responses to stress
- Testing will not impact clinical management or treatment recommendations
- Testing is requested for primarily for legal purposes (disability claims, lawsuits)
- Immediate intervention needed (testing deferred until stable)
- Patient is medically or psychiatrically unstable, unable, or unwilling to participate

Psychoeducational Evaluation:

Purpose: Assessment of academic skills and learning processes to identify **specific learning disorders** and inform educational planning.

Please note:

- Educational/academic evaluations are generally **not** covered by medical insurance
- Psychoeducational testing is typically conducted through schools or private providers
- Referrals for isolated academic or learning concerns should be directed to school-based services or private/self-pay psychoeducational evaluators rather than psychological or neuropsychological testing through insurance

Psychotherapy/counseling is available for all ages (no referral needed). We do **not** provide psychiatric medication management.

For referral guidance or questions, contact us at 860-270-0600.