easterseals
Capital Region & Eastern Connecticut

Psychological and Neuropsychological Evaluation Services Referral Form

PATIENT INFORMATION:

Name: _____ DOB: _____ Age: _____

Address: _____ City/State/Zip: _____

Home Ph #: _____ Cell Ph #: _____ Email: _____

Primary Language: _____ Interpreter Services Needed? ☐ No ☐ Yes

Note: Interpreter services may be available for intake and feedback appointments. ***Testing is done 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

☐ Psychological/Neuropsychological Evaluation (Developmental, cognitive, behavioral, or functional concerns)

☐ Academic/Educational Evaluation (Learning disabilities, academic testing, or school accommodations; ****self-pay***)

☐ 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** *(Please describe the clinical question to be answered through testing, and how results will inform diagnosis, treatment, or service recommendations)*:_____

_____

Primary Concerns:

☐ Attention/Executive Function ☐ Social/Communication ☐ Emotional/Behavioral

☐ Memory/Thinking/Cognition ☐ 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

** **Medical records supporting medical necessity.** Include prior testing, neuroimaging, IEP/school reports, if applicable.

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

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

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GUIDELINES FOR REFERRING PROVIDERS
When to Refer for Psychological or Neuropsychological Evaluation Services

Referral Process: Fax completed referral (demographics, insurance, and records supporting medical necessity) 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 cognitive, behavioral, and emotional functioning when neurological, neurodevelopmental, or medical factors may be affecting functioning.

Refer when:

- New/worsening cognitive, behavioral, or daily functioning changes with suspected neurological involvement.
- Diagnostic questions about cognitive or functional problems where neurological factors may be contributing
- Neurodevelopmental or neurocognitive disorder concerns
- Evaluation of effects of neurological or medical conditions (e.g., brain injury, stroke, epilepsy, MS, infection, cancer)
- 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 (seek psychiatric evaluation first)
- Primary concern is academic/learning problems (school testing is typically first step)
- Testing is requested solely for legal purposes (e.g., disability claims, lawsuits, litigation)
- Diagnosis and treatment plan are already clear, or testing will not impact management
- Patient is medically or psychiatrically unstable, unable, or unwilling to participate

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Psychological Evaluation:

Purpose: Assessment of emotional, behavioral, and personality functioning to clarify diagnosis, treatment planning, or level of functioning.

Refer when:

- Complex diagnostic questions that cannot be adequately determined through clinical interview, history, or treatment records
- Behavioral, emotional, or personality concerns that are significantly impacting functioning despite psychiatric treatment
- Concerns regarding symptom validity
- Pre-treatment psychological clearance (e.g., bariatric surgery, transplant, epilepsy)

Not appropriate when:

- Diagnosis is clear from clinical interview and history
- Testing results are unlikely to change treatment recommendations or clinical management
- Symptoms are mild, situational, or expected responses to stress
- Testing is requested primarily for legal purposes (disability claims, lawsuits)
- Acute safety concerns (e.g., active suicidal, homicidal, or psychotic symptoms) requiring immediate assessment or intervention
- Patient is medically or psychiatrically unstable, unable, or unwilling to participate

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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 and are **self-pay**
- Psychoeducational testing is typically conducted through schools or private providers
- Referrals for isolated academic or learning concerns should generally be directed to school-based services or private/self-pay psychoeducational evaluators

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

For referral guidance or questions, contact us at 860-270-0600 extension 100.

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