Center for Neuropsychological Services
915 Vassar Dr. NE Suite 170 Albuquerque, NM 87106
Phone (505) 272-8833•Fax (505) 272-8316
Mailing Address: Center for Neuropsychological Services •Department of Psychiatry
MSC 09 5030•1 University of New Mexico•Albuquerque, NM 87131-0001

ADULT NEUROPSYCHOLOGICAL CONSULTATION: PROVIDER REFERRAL

Referring Clinicians: Please read the following information in order to determine whether neuropsychological services are **medically necessary** for your patient. 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 reviewed by a staff neuropsychologist.

1) Please be aware that the Center for Neuropsychological Services (CNS) is **NOT** able to accept referrals for patients ***without*** cognitive concerns or changes in functioning - for example, patients who *only* have psychiatric symptoms. Please refer these patients for psychiatric evaluation or treatment instead or at least initially prior to referral for neuropsychological evaluation.

2) Please note that CNS does **NOT** provide psychiatric or psychological ***treatment*** services, such as psychotropic medication changes, pain management, or psychotherapy services.

3) Is this 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 *first* prior to referral for neuropsychological evaluation.

4) Is this a referral related to traumatic brain injury (TBI) with ongoing cognitive and/or behavioral difficulties? If so, please provide medical records documenting the severity of the TBI (e.g., neuroimaging, neurological exam, hospital records) and/or details regarding the TBI characteristics [e.g., length of loss of consciousness and/or post-traumatic amnesia, Glasgow Coma Scale (GCS)].

5) Please be aware that CNS is **NOT** able to provide neuropsychological evaluations to assess solely for the following disorders/conditions in adults:
   a. Attention Deficit/Hyperactivity Disorder
   b. Intellectual Disability
   c. Learning Disability
   d. Autism Spectrum Disorder
   e. Spinal cord stimulator or bariatric surgery candidacy
   f. Diagnostic clarification of psychiatric conditions (e.g., personality disorder, PTSD)

6) Please note that CNS only provides evaluations for medical treatment purposes and **NOT** for the following:
   a. Social security disability
   b. Litigation/Workman's compensation
   c. Citizenship exam accommodations

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PATIENT DEMOGRAPHIC INFORMATION:

Name: ____ Date of Birth:___________________________

Gender given @ birth: ___________________ Gender Identity: _______________________ Age:_____________________

Address: ____ Home Telephone #:_______________________________

____ Cell/Work Telephone #:____________________________

*__PATIENT'S PRIMARY LANGUAGE__ ______________________________ Need Interpreter?______________________

EMERGENCY CONTACT:

Name/Relationship:____ Telephone #:_______________________________

INSURANCE: *Following information is **not** necessary if you provide copy of patient's current insurance card (front and back)*

Policy Holder Name:____ _______Date of Birth__________________

Insurance Co. Name:____________________________________ Insurance Phone#_________________________________

Address:____

ID#______________________________ Group#_________________________

REFERRING PROVIDER:

Name:____ Credentials:_____________

Mailing Address:____

Telephone #:____ FAX #:____

THE FOLLOWING QUESTIONS MUST BE COMPLETED ("REFER TO CLINIC NOTES" IS **NOT** SUFFICIENT AND WILL RESULT IN REFERRAL **DENIAL**)

What **known or suspected *medical condition*** (required for insurance reimbursement) is contributing to the patient's cognitive and functional impairments? (for example, dementia, epilepsy, recent traumatic brain injury/TBI)

____

What is your **referral question(s)** – i.e. What do you hope a neuropsychological evaluation will help answer? (for example, Does the patient have dementia? What are the patient's cognitive strengths/weaknesses post stroke or recent TBI?)

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*Please fax any pertinent **medical records, neuroimaging reports or past neuropsychological evaluations** as well.

PROVIDER SIGNATURE (Required for Insurance)____