

Neuropsychological Assessment Referral Form

Date and Time of referral: _____

Name of person making referral and Relationship to client: _____

Referring person's Phone# (specify W, H, or C): _____ can a message be left? Yes No

Contact Person and Relationship to Client: _____ Phone#: _____

Client Name: _____ DOB: _____ Current living situation: _____

Address: _____ City/State: _____ Zip Code: _____

Phone#: H _____ W _____ C _____

Can we leave a message on these numbers? Yes No Is client aware of referral? Yes No If No, why not: _____

To help ensure that the neuropsychological evaluation will answer your questions, please check all applicable items.

Possible areas of concern/Decision-making and Capacity Dimension

Does the person being evaluated have the ability to:

- make placement/decisions where to live
 express preferences for decision-maker
 make decisions for using discretionary funds
 understand assets, make and alter wills (testamentary capacity)
 make health care decisions
 make decisions on personal and social contacts
 understand and sign Power of Attorney
 participate in decision-making processes
 make informed decisions
 other ADL's and/or IADL's: _____

Psycho-Social Dimension:

- is a mental illness affecting functioning?
 is there a risk for exploitation?
 are alcohol or drugs affecting functioning?
 is employability a concern?
 is there evidence of a learning disability?

Medical Factors Affecting Capacity:

- is chronic pain affecting cognitive abilities?
 are multiple medical conditions affecting cognition?
 are multiple medications affecting cognitive functioning?
 are physical disabilities or conditions affecting functioning?

Prognosis: is a deteriorating cognitive condition present?
 can improvement be expected?
 are there specific interventions likely to improve functioning?

Other concerns or questions: _____

_____. (please call neuropsychologist if questions need clarification or discussion)

Recommendation Questions (specific areas that referring person/agency would like addressed):

- what enhancements can be suggested to maximize the client's abilities and minimize his/her risks?
 what level of care/supervision/living situation will provide for best quality of life?
 what strategies might be used to help the client adjust to a new living situation?
 under what circumstances and in what intervals of time could this client be left alone or unattended?
 could psychotherapy be beneficial?
 could Family and/or Caregiver services be helpful?
 is there a need for a medication review?
 is limited guardianship appropriate?
 other recommendation questions (briefly list): _____

Is there a temporary/emergency guardian in place? Yes No

Is there court involvement with the case? Yes No

Attorney: _____

Is there a court hearing scheduled? Yes No

Date of Hearing: ____/____/____

Is full guardianship at issue? Yes No

Is the evaluation to be used with a disability claim? Yes No

Billing Information: who is responsible to pay for the evaluation? _____

(name and relationship to client)