THE UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER

Place UNMH patient id label here.

Center for Neuropsychological Services•915 Vassar Dr. NE Suite 170 Albuquerque, NM•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.

- 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 behavioral difficulties or chronic psychiatric conditions. Please refer these patients for psychiatric evaluation or treatment instead.

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

- 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.

- Is this a referral related to traumatic brain injury (TBI) with ongoing cognitive and/or behavioral difficulties?
    - If mild TBI/concussion occurred > 1 year ago OR if moderate/severe TBI occurred >5 years ago ***without*** current declines or changes in cognitive functioning: Please refer the patient for psychiatric evaluation and/or treatment *first* prior to referral for neuropsychological evaluation.

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

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PATIENT DEMOGRAPHIC INFORMATION:

Name:_____Date of Birth:_____

SS #:(required for insurance purposes)_____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?)

_____

_____

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

PROVIDER SIGNATURE (Required for Insurance)_____