

COMPREHENSIVE NEUROPSYCHOLOGICAL SERVICES, PLLC

Phone (518) 458-2314

Fax (518) 446-9960

Neuropsychological Services Referral

Service Requested: Neuropsychological Evaluation Psychotherapy Cognitive Rehabilitation

Specify Location: Albany Glens Falls

Please complete the following form and include any medical records that would assist us in providing services to your patient.

Please fax this form with any other pertinent documentation to CNS at (518) 446-9960

■ Referring Physician: Name, Address, Phone #

■ Patient Name: _____ ■ DOB: _____

■ Patient Phone #: _____ ■ Injury Date (if applicable) _____

■ Primary Diagnosis / ICD9 Code: _____

■ Primary Reason for Medically Necessary Referral:

Assess current cognitive and emotional status due to a known or suspected neurological disorder.

Guidance with medical management & treatment, including medications.

Dementia Assessment

Differential Diagnosis (i.e. - Psychological vs. Organic Impairments):

Rule Out: _____

Other: _____

■ What other treatment/testing has been done for this condition prior to this referral? (e.g. - psychological testing, MRI, EEG, medication management):

■ Insurance (Please complete section below or fax a patient demographic sheet):

Primary: _____ Policy/Claim # _____

Secondary: _____ Policy/Claim # _____