Neuropsychological Evaluation Referral Form
(Complete Print, and Fax to 860-751-6232)

REFERRING PROVIDER: _____NPI/UPN: _____

REFERRING PROVIDER PHONE: _____ FAX_____

PATIENT NAME: _____DOB: _____Phone : _____

PATIENT ADDRESS: _____

INSURANCE COMPANY*: _____

INSURANCE ID#: _____

REASON FOR REFERRAL:_____

- I only provide neuropsychological testing (CPT Code 96118) for assistance in diagnosis, examining the cognitive impact of neurological conditions, and treatment planning. I do not provide traditional psychological evaluations or psychotherapy services.

- Most insurance companies pay for neuropsychological testing for patients with suspected (e.g. memory loss) or known neurological difficulties. They typically do not pay for neuropsychological testing for primarily academic or some vocational reasons, even though it can be helpful for those difficulties. The patient will be informed prior to their appointment if the insurance will not cover the evaluation, and be given an option to pay privately.

Typical Reasons for Referral (please check appropriate category or describe problem)
_____ Traumatic Brain Injury (Type _____
_____ Memory Complaints, Concern of Dementia, Mild Cognitive Impairment
_____ Stroke (Type _____)
_____ Cognitive difficulties associated with Apnea ___ CABG ___ CHF _____ Obesity ____
         Hypertension___ Hypercholestermia____ Other _____
_____ Multiple Sclerosis
_____ Parkinson's Disease
_____ Anoxia/Hypoxia
_____ Chemotherapy Effects
_____ Tumor
_____ Hydrocephalus
_____ Epilepsy (Type _____)
_____ Korsakoff's other Alcohol Toxicity
_____ Other _____
Neuroimaging notes are also helpful to send when available.

  Please note, my relevant NPI numbers are:
  Individual = 1710078621
  Group (Franklin C. Brown, PhD,LLC) = 1801209838