



State University of New York
Upstate Medical University

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Neuropsychology Assessment Program: Referral Form

Institute for Human Performance
505 Irving Avenue
Syracuse, N.Y. 13210
(315) 464-2320

Please fax the following information to the attention of Michelle Brand (315) 464-1901 to help us determine if the patient is appropriate for a neuropsychological evaluation:

- Patient's name: _____ DOB: _____
- Date of referral: _____ Date of injury (if applicable) _____
- Primary diagnosis and ICD9 code: _____
- Name, address, phone, fax of referral source: _____
- _____
- Important:** Specific referral question(s): *Please check box(es)*

Primary reason(s):

- Assess current cognitive and emotional functioning status due to known or suspected neurological condition
- Help guide medical management and treatment including medications
- Assess for dementia

Secondary reason(s)

- Does the patient need special academic accommodations based on test results?
- Recommend vocational planning suggestions based on test results
- Is the patient disabled from working?
- Other/Comment _____

Please also include:

- Other patient demographics (e.g., address, phone #) and **insurance**.
- Relevant medical/psychological records, current medications, recent notes.
- Brain CT/MRI; EEG; ER records; prior cognitive testing (e.g., MMSE), if applicable

There is no need to send University Hospital medical records.