

Adult Neuropsychological Evaluations:

Referral Information

Although this form will require some time and effort to complete, it is an essential part of the evaluation process. This information should be provided prior to the scheduled evaluation. The evaluation, including selection of test battery and interview questions, will be guided by the reason(s) for referral and the available background information.

Thank you.

Brief explanation of the purpose for the referral:

If available, please provide information regarding the following:

- Prenatal care:

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- Prenatal exposure to drugs or alcohol?    Y    N

(Briefly explain) \_\_\_\_\_

- Problems with labor or delivery? (APGAR scores if known)

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- Developmental milestones (briefly describe any delays)

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- Any learning difficulties in school?    Y    N

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- Descriptions of head injuries and/or medical conditions that potentially affect performance

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- Results of past diagnostic procedures, including imaging, medical tests, psychological evaluations, etc. (Provide copies of reports if available.)

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- List past and current therapeutic interventions (e.g., speech therapy, OT, PT, psychotherapy)

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- Current prescription medications:

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Please fax this completed form to (803) 807-9104