

**VCU HEALTH SYSTEM, MCV HOSPITALS AND PHYSICIANS
DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION
NEUROPSYCHOLOGY AND REHABILITATION PSYCHOLOGY SERVICE**

**REFERRAL FOR SERVICES
FAX COMPLETED FORM TO (804) 327-1170**

**QUESTIONS? CALL US
AT (804) 327-1166**

REFERRED BY: _____ DATE: ____/____/____
 AGENCY/DEPT: _____ PHONE: (____) _____ FAX: (____) _____
 ADDRESS: _____

PATIENT NAME: _____ SS#: ____/____/____ DOB: ____/____/____
 MRN: _____ DIAGNOSIS(ES) _____
 ADDRESS: _____
 PHONE: (____) _____ ADDITIONAL CONTACT INFORMATION: _____
 INSURANCE TYPE: _____ DOES PLAN REQUIRE REFERRAL? YES NO

▶ CONCERNS CHECK ALL THAT APPLY

COGNITIVE	EMOTIONAL	DAILY LIVING	OTHER
<input type="checkbox"/> Attention & Concentration	<input type="checkbox"/> Depression	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Postconcussion Syndrome
<input type="checkbox"/> Memory	<input type="checkbox"/> Irritability or Temper	<input type="checkbox"/> Financial Management	<input type="checkbox"/> Motivation
<input type="checkbox"/> Motor Skills	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Poor Judgment/Safety Issues	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Awareness	<input type="checkbox"/> PTSD	<input type="checkbox"/> Driving	<input type="checkbox"/> Pain
<input type="checkbox"/> Communication	<input type="checkbox"/> Interpersonal Issues	<input type="checkbox"/> Parenting	<input type="checkbox"/> Return to School/Academic Problems
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Other _____	<input type="checkbox"/> Competence	<input type="checkbox"/> Vocational/Work Disability
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Disability Documentation
_____	_____	_____	<input type="checkbox"/> Other _____

▶ REQUESTED PROCEDURE(S) CHECK ALL THAT APPLY – See reverse for definitions

▶ NEUROPSYCHOLOGICAL ASSESSMENT

Assess neurocognitive status, addressing concerns marked above.

- Cognitive screening (90 minutes)
- Comprehensive neuropsychological examination

▶ PSYCHOLOGICAL DIAGNOSTIC EVALUATION

Assess emotional status, addressing concerns marked above.

- Diagnostic interview including mental status examination (90 minutes)
- Comprehensive psychological examination

▶ TREATMENT

- Psychotherapy/**Research**

▶ COMMENTS _____

DEFINITIONS

NEUROPSYCHOLOGICAL ASSESSMENT PROCEDURES

Cognitive screening – A 90-minute procedure consisting of neurobehavioral symptom review, history taking, and mental status examination.

Comprehensive neuropsychological examination – Spanning 3 to 7 hours, a comprehensive evaluation of cognitive, neurobehavioral, and emotional functioning. Consists of detailed history taking, mental status examination, diagnostic interview, and neuropsychological and psychological testing.

PSYCHOLOGICAL ASSESSMENT PROCEDURES

Diagnostic interview including mental status examination – 90-minute interview to assess emotional and psychological functioning.

Comprehensive psychological examination – Spanning 3 to 5 hours, a comprehensive evaluation of emotional and psychological functioning. Procedures will include mental status examination, detailed history taking, diagnostic interview, and psychological testing (e.g., completion of personality inventories and standardized measures of emotional/psychological functioning).

TREATMENT PROCEDURES

Psychotherapy – Psychotherapy includes individual, marital, or family therapy/counseling focused on problem solving, adjustment to injury/illness, and coping skills building (e.g., stress, anger, depression). Normally, treatment follows assessment. Provide information on presenting problems and concerns by completing the front of this form. Sessions typically last 50-90 minutes, and appointments are often scheduled on a weekly, biweekly, or monthly basis.

To help make certain that the most appropriate procedures are used, please be certain to complete the concerns section on the front of the form.