Kara Stocker, PsyD
Clinical Neuropsychologist
2020 Raybrook St SE, Suite 308
Grand Rapids, MI 49546
Ph: (616) 289-3151
Email: info@mindmapmi.com

NEUROPSYCHOLOGICAL EVALUATION REFERRAL

Referring Provider: _____ Provider Contact:_____

Patient Name: _____ Date of Birth: _____

Gender: _____ Patient Phone Number: _____

Is there a Guardian? Y N If yes, Name and Phone Number: _____

Patient Address: _____

Purpose of the referral for a Neuropsychological Evaluation:

☐ Assessment of neurocognitive abilities following head injury, stroke, neurosurgery, etc.

☐ Assessment of neurocognitive functions for assisting in the development of rehabilitation and/or treatment plan for people with diagnosed neurological disorders.

☐ Differential diagnosis between psychogenic and neurogenic syndromes.

Provider concerns (please check all that apply):

☐ Head Injury ☐ Substance Abuse ☐ Psychosis ☐ Medical Diagnosis ☐ Language Impairment

☐ Prenatal Exposure ☐ Memory Concerns ☐ Executive Functions ☐ Cognitive Changes ☐ Dementia

☐ Intellectual Disability ☐ Seizures ☐ Learning Disorder ☐ Mood Instability ☐ Other: _____

Relevant previous/current health or mental health history:

_____

_____

Does the patient need any accommodation?

□ Communication □ Language □ Vision/Hearing □ Physical Disability □ Other_____

Referral signature: _____ Date: _____

***It will be important to send documents including but not limited to the patient's history, chart notes, or discharge summaries.