INSIGHT
NEUROCOGNITIVE HEALTH

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Consultation Request

- ☐ Neuropsychological Evaluation
- ☐ Psychiatric Services (Medication Management)
- ☐ Addiction/Substance Use M.A.T. (Medication-Assisted Treatment)
- ☐ Psychological Evaluation
- ☐ Counseling/Behavioral Therapy
- ☐ Opiate/Addiction Risk Assessment

Date of Request: ______________________________

Patient Name: ______________________ DOB: ______________________

Phone: ______________________________

Referring Physician: ______________________________

Practice/Business Name: ______________________________

Phone: ______________________ Fax: ______________________

Reason for Referral: ______________________________

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Suspected/Confirmed ICD-10 codes associated with this patient referral: __________

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***For Neuropsychological/Psychological Evaluation, please indicate the following:**

- ☐ Consult for diagnostic clarity/facilitate diagnosis
- ☐ Consult to assist in distinguishing between emotional/behavioral vs. cognitive/neurocognitive problems
- ☐ Clarify neurocognitive status to inform treatment planning
- ☐ Monitor progression, recovery, and response to changing treatments
  Monitor the outcomes of current cognitive rehabilitation procedures
- ☐ Establish the presence of abnormalities or distinguish them from changes that may occur with normal aging, or the expected progression of other disease processes
- ☐ Other: ______________________________

Note: Failure to receive the information specified below may delay the scheduling process.

- Please fax over the last 2 office visit notes and any additional records relevant to the referral.
- Include any available imaging or relevant emergency treatment notes.
- If you require assistance filling this form, please call 810.275.9153 or text 810.321.4549

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