

USF DEPARTMENT OF PSYCHIATRY & BEHAVIORAL MEDICINE

3515 E. FLETCHER AVE, TAMPA, FL 33613 ✧ (813) 974-8900

FAX REQUESTS TO: 974-3223

NEUROPSYCHOLOGICAL OR PSYCHOLOGICAL CONSULT REQUEST

FOR CHILDREN, ADOLESCENTS AND ADULTS

PATIENT NAME: _____ DOB: _____ MRN: _____

PATIENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ OTHER: _____

CONSULT REQUESTED BY: _____

Report Testing results to referring (check one): ☐ Fax results ☐ Mail results ☐ Task ☐ Other _____

MEDICAL SUMMARY (medications, notable symptoms) _____

***Referring physicians: please provide or forward any applicable medical records necessary to assist with this evaluation.

DIAGNOSIS (if known): _____ ICD-9 CODE(S): _____

REASON FOR REFERRAL/REQUEST (check all that apply):

- ☐ Baseline Cognitive
- ☐ Brain Tumor/Neoplasm: Pre or post-surgical Eval
- ☐ Epilepsy: Pre-surgery eval / Post-surgical Eval (circle one)
- ☐ Impaired Physician/Employee Eval.
- ☐ Lupus/SLE Evaluation
- ☐ MDC (Dementia/Memory Problems)
- ☐ Movement disorder: DBS Pre-Surgical / Post-Surgical Eval (circle one)
- ☐ Mental Capacity Evaluation/Competency
- ☐ Normal Pressure Hydrocephalus (NPH)
- ☐ Stroke/Hemorrhage
- ☐ Traumatic Brain Injury (TBI)
- ☐ School/Educational Planning
- ☐ Sports Medicine/Concussion
- ☐ Spine Surgery/Chronic pain/morphine pump
- ☐ Personality/psychological adjustment
- ☐ Vocational Rehab Determination
- ☐ Other (please specify): _____

Special Scheduling Instructions: _____

Dr. Requested/Scheduled: _____ Date/Time: _____