Flint Hills
Neuropsychology

2505 Anderson, Suite 101
Manhattan KS 66502-2853
tel: 785-236-1180/fax: 785-789-4048
flinthillsneuropsych.com

NEUROPSYCHOLOGICAL ASSESSMENT REFERRAL

Referring Provider: _____

Referring Provider Phone: _____ Fax: _____

Patient Name: _____ DOB: _____ Phone: _____

Contact Name for scheduling, if other than patient: _____

Patient Address: _____

Insurance Company: _____

Insurance ID#: _____

Subscriber, if other than patient: _____

Subscriber's birthdate: _____

Reason for Referral (please check appropriate category or describe symptoms) :

_____ Traumatic Brain Injury

_____ Dementia, Mild Cognitive Impairment, or concerns about memory loss

_____ Stroke

_____ Parkinson's disease

_____ Epilepsy

_____ Prenatal alcohol or drug exposure

_____ Prematurity or other birth complications

_____ Autism

_____ ADHD

_____ Intellectual disability

_____ Learning disability

_____ Other _____

Presenting symptoms or other comments:

Please include any relevant medical records, especially findings from EEG, CT, or MRI.

Be aware that no insurance company covers the cost of learning disability assessment. We do test for learning disability, but it is an out of pocket expense.