RANDALL CHILDREN'S HOSPITAL
LEGACY EMANUEL

Pediatric Development and Rehabilitation
2801 N. Gantenbein Ave., Ste 3210
Portland, OR 97227
503-413-4620 (phone)
503-413-3063 (fax)

Referral for Neuropsychological and Psychological Evaluation Services

Randall Children's Hospital – Pediatric Neuropsychology

*Thank you for referring your patient for evaluation services. Please complete this form **in full** to help guide appropriate services for your patient. Please send referral form, insurance information, and relevant medical records to: **FAX: 503-413-3063.***

Patient's Name:	DOB:	Age:
Referring Provider Name & Title:		Office Phone:

1. Does the patient have a history of medical or neurological conditions that may affect brain functioning? (Check all that apply):

- o Brain injury or concussion
- o Confirmed neurotoxin exposure
- o Stroke
- o Encephalitis or meningitis
- o Autism
- o Epilepsy
- o Brain tumor
- o Exposure to CNS-directed treatment for cancer or other conditions
- o Genetic or chromosomal condition that affects brain function
- o Structural brain malformation
- o Hydrocephalus
- o Cerebral palsy
- o Other:_____

2. Reason for Referral (Check all that apply):

- o Diagnostic clarity and treatment guidance
- o To determine the impact of a medical/neurological condition on neurocognitive functioning
- o Evaluation and psychoeducation following concussion
- o Other: _____

Additional information about reason for referral:_____
_____
_____
_____
_____

3. Does the patient have suspected areas of cognitive impairment (e.g., deficits in areas of attention, language, memory, intellectual abilities, processing speed)?	**Yes**	**No**
4. Does the patient have learning problems?	**Yes**	**No**
5. Does the patient have emotional adjustment or behavior problems?	**Yes**	**No**
6. Does the patient have social communication/interaction problems? *(If the main referral reason is evaluation for suspected autism spectrum disorder, please refer to Developmental & Behavioral Pediatrics; fax: 503-413-4719).*	**Yes**	**No**

If you have additional questions about the referral process, please contact clinic assistants OJ or Tony (503-413-4620).

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