

**USF DEPARTMENT OF PSYCHIATRY & BEHAVIORAL MEDICINE**  
USF PSYCHIATRY CLINIC & SILVER CHILD DEVELOPMENT CENTER  
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: \_\_\_\_\_

CONSULT REQUESTED BY: \_\_\_\_\_

MEDICAL SUMMARY (medications, notable symptoms) \_\_\_\_\_

DIAGNOSIS (if known): \_\_\_\_\_ ICD-9 CODE(S): \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Brain Tumor/Neoplasm: Pre or post-surgical Eval   | <input type="checkbox"/> Brain Attack/Hemorrhage/Stroke           |
| <input type="checkbox"/> Baseline Cognitive  | <input type="checkbox"/> MDC (Dementia/Memory Problems)           |
| <input type="checkbox"/> Epilepsy: Pre-surgery eval  | <input type="checkbox"/> Epilepsy: Post-Surgical Eval.            |
| <input type="checkbox"/> Impaired Physician/Employee Eval. (Dr. Schoenberg)  | <input type="checkbox"/> Lupus/SLE Evaluation                     |
| <input type="checkbox"/> Movement disorder: DBS Pre-Surgical   | <input type="checkbox"/> Movement D/O: DBS Post-Surgical Eval     |
| <input type="checkbox"/> Mental Capacity Evaluation/Competency   | <input type="checkbox"/> Normal Pressure Hydrocephalus (NPH)      |
| <input type="checkbox"/> Traumatic Brain Injury (TBI)  | <input type="checkbox"/> School/Educational Planning              |
| <input type="checkbox"/> Sports Medicine/Concussion  | <input type="checkbox"/> Spine Surgery/Chronic pain/morphine pump |
| <input type="checkbox"/> Personality/psychological adjustment  | <input type="checkbox"/> Vocational advice                        |
| <input type="checkbox"/> Independent Neuropsych. Evaluation (IME)/Request for Services as part of pending Legal Case |   |
| <input type="checkbox"/> Other (please specify): _____   |   |

**CHECK BELOW FOR TYPE OF TESTING REQUESTED:**

Personality/Psychological Functioning

To aid in differential diagnosis of psychiatric disorders, to assess severity of symptoms (eg. depression, psychosis, suicide potential), to examine stable personality characteristics Appx 4 - 6 hrs

Psychoeducational Testing

To aid in academic and vocational planning by assessing IQ, academic achievement &/or attentional abilities.  
Indicate: (please circle one) Gifted ~ 2hrs LD ~ 4-6 hrs ADD/ADHD ~ 3 hrs MR ~ 3 hrs

Neuropsychological Testing

To aid in differential diagnosis of cognitive disorders, assess cognitive strengths and weaknesses, describe extent/severity of deficits, provide required information to develop rehabilitation/treatment planning. Appx ~ 8 hrs

DIST: ORIGINAL TO CKOUT FOR APPT THEN SCANNING; COPY TO PROVIDER ; COPY TO FIN SPECIALIST FOR AUTH/BEN VERIFICATION

**SPACE BELOW FOR INTERNAL USE ONLY**

Benefit \_\_\_\_\_ Verification: \_\_\_\_\_

Estimated amount of patient responsibility: \_\_\_\_\_

Authorization \_\_\_\_\_ Information: \_\_\_\_\_

Provider is required to call to demonstrate medical necessity-Tel. \_\_\_\_/\_\_\_\_-\_\_\_\_

Contact\_\_\_\_\_

Staff Initials\_\_\_\_\_ Date\_\_\_\_\_

<u><i>Appointment Notification</i></u>			
Date: _____	Time: _____	With _____	Sched# hrs _____

OPC/WORD/PSYTSTRQST.DOC REV 7/98