



**Saint Luke's Health System**  
**Saint Luke's Physician Group**

**Neuropsychological Evaluation Referral**

Saint Luke's Neuropsychology  
4400 Broadway Blvd.  
Kansas City, MO 64111  
816-932-1711 (Phone)  
**816-932-1719 (Fax)**

**Only completed referrals will be processed**

**Fax completed form and records to 816-932-1719**

Date of Request: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact for scheduling if different than patient (name, relationship, and phone number):  
\_\_\_\_\_

Insurance Plan Name (**attach copy of cards**): \_\_\_\_\_

Subscriber Name and DOB (*if different from patient*): \_\_\_\_\_

Member/Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Referral Diagnosis:** \_\_\_\_\_

**Reason for Referral** (pick one)

☐ Current level of impairment due to CNS condition

☐ Etiology of current complaints

• Differential Dx: \_\_\_\_\_

☐ Repeat evaluation

• Time since last exam: ☐ 1 year ☐ 1-2 years ☐ 2-5 years ☐ More than 5 years

• Previous evaluator: \_\_\_\_\_

☐ Pre-surgical evaluation: ☐ Tremors ☐ Transplant ☐ Epilepsy

☐ Other: \_\_\_\_\_

Ruled out/managed secondary factors (e.g. mood, sleep, medication, vitamin deficiencies)? (**If no, the consult may be denied**) ☐ Yes ☐ No

Please enter type of cognitive screen completed and score (**required**):

☐ MoCA \_\_\_\_\_ ☐ MMSE \_\_\_\_\_ ☐ SLUMS \_\_\_\_\_ ☐ Other \_\_\_\_\_

Has neuroimaging been ordered or performed recently ☐ Yes (please submit radiology report) ☐ No

**REFERRING PROVIDER INFORMATION**

Ordering Provider (*please print*): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**WHAT WE NEED FROM YOU BEFORE WE CAN SCHEDULE YOUR PATIENT:**

☐ Completed referral form

☐ Copy of insurance card

☐ Most recent encounter note, documenting current cognitive concerns

☐ Current medications and past psychotropic medications that have been tried

☐ Most recent lab work, including TSH, B12, folate, and vitamin D levels

Interpreter needed? ☐ No ☐ Yes, language: \_\_\_\_\_

**Patient Label:**