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NEUROPSYCHOLOGY REFERRAL

FAX COMPLETED FORM TO (443) 213 - 1502

REFERRED BY: _____ DATE: _____

AGENCY/DEPT: _____ PHONE: _____ FAX: _____

ADDRESS: _____

PATIENT NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____ EMAIL/ADDL CONTACT: _____

MEDICAL DIAGNOSIS(ES) _____

INSURANCE: Aetna BCBS (PPO) UHC Medicare Other _____

DOES PLAN REQUIRE REFERRAL? YES NO SUBSCRIBER ID# _____

▶ PRIMARY CONCERN(S)

CHECK ALL THAT APPLY

COGNITIVE	EMOTIONAL	DAILY LIVING	OTHER
<input type="checkbox"/> Attention & Concentration	<input type="checkbox"/> Irritability	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Stress Management/Coping Skills
<input type="checkbox"/> Learning & Memory	<input type="checkbox"/> Aggression	<input type="checkbox"/> Financial Management	<input type="checkbox"/> Somatization/ Motivation
<input type="checkbox"/> Communication	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Judgment/Safety Issues	<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Depression	<input type="checkbox"/> Driving Skills	<input type="checkbox"/> Disability Determination
<input type="checkbox"/> Spatial or Motor Skills	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Parenting	<input type="checkbox"/> Academic Issues / Accommodations
<input type="checkbox"/> Self Awareness	<input type="checkbox"/> Personality Changes	<input type="checkbox"/> General Competence	<input type="checkbox"/> Vocational Issues / Accommodations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▶ REQUESTED PROCEDURE(S)

CHOOSE ONE

COMPREHENSIVE NEUROPSYCHOLOGICAL EVALUATION

Detailed examination (4-8 hours overall) of cognitive, behavioral and emotional functioning, with follow-up feedback visit to review findings and treatment recommendations.

BRIEF NEUROBEHAVIORAL SCREENING

Brief (90-150 minute) screening of neurobehavioral status, including diagnostic interview and history, to assist with differential diagnosis formulation and planning future assessment and treatment.

COMMENTS