

**Medical form for neuropsychological assessment**

Exclusion criteria:

- Age < 18
- Not fluent in English
- Substitute decision maker or guardian
- Medical-legal involvement or open insurance claim related to cognitive difficulties

Section A

1. Patient information Name: Date of birth: Contact info:	2. Physician or NP completing this form: Name: Specialty: MSP#:
3. Primary reason for referral (check one): <ul style="list-style-type: none"><input type="radio"/> Assist with differential diagnosis<input type="radio"/> Establish baseline for monitoring disease progression<input type="radio"/> Clarify current impact of brain injury or disease<input type="radio"/> Inform capacity to work/school or need for work/school accommodations<input type="radio"/> Determine rehabilitation needs	
4. Recommended assessment type (check one): <ul style="list-style-type: none"><input type="radio"/> <i>Brief (screening) neuropsychological assessment:</i> An abbreviated clinical interview and ~60 minutes of testing to determine the presence or absence of cognitive impairment.<input type="radio"/> <i>Standard (comprehensive) neuropsychological assessment:</i> A clinical interview and 3-4 hours of testing for detailed profiling of impaired and preserved cognitive abilities.	
5. Medical history (check one): <ul style="list-style-type: none"><input type="radio"/> Available in medical specialist consultation reports → Append to this form<input type="radio"/> Not available in consultation reports → Complete Section B below	
6. Potential barriers to assessment (check all that apply): <ul style="list-style-type: none"><input type="radio"/> English is non-dominant language<input type="radio"/> Aphasia<input type="radio"/> Anosognosia<input type="radio"/> Weakness or movement disorder affecting upper limb(s)<input type="radio"/> Visual impairment<input type="radio"/> Hearing loss	7. Safety considerations (check all that apply): <ul style="list-style-type: none"><input type="radio"/> Seizures<input type="radio"/> Suicidality<input type="radio"/> Agitation/aggression<input type="radio"/> Requires wheelchair<input type="radio"/> Requires caregiver for transportation

Section B

8. Cognitive/neurobehavioural concerns:	9. Known or suspected cause of cognitive impairment:
10. Other relevant medical/psychiatric history:	11. Medications: