



Neuropsychological Assessment Referral

The Neuropsychology Service does not accept referrals for patients with diagnoses of Chronic Fatigue Syndrome, Learning Disabilities, Chronic Pain, Attention Deficit/Hyperactivity Disorder, or Posttraumatic Stress Disorder. Nor does it accept assessment referrals for personal injury litigation or for disability evaluations (including AISH), medical-legal assessments, or third party (insurance) assessments. For more information you may contact the service at 403.944.1340.

Complete all sections and fax to 403.944.2060 or send by mail to Foothills Medical Centre 1403 29 Street NW, Calgary Alberta T2N 2T9. The service will contact the patient for an appointment.

Referral to

Dr. _____

Patient Information			
Patient Name (Last, First)		Date of Birth (yyyy-Mon-dd)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Personal Health Number	Phone Number	Alternate Phone Number	
Mailing Address	City/Town	Province	Postal Code
Regional Health Record Number	Name of Caregiver	Phone Number	
Name of Family Physician	Phone Number	Fax Number	
Reason for Referral (indicate the type of loss of consciousness: posttraumatic amnesia, Glasgow Coma Scale score, INRS score, CT and/or MRI results)			
Patient History (submit additional history on separate page, e.g. clinic notes)			
Current Medications (List all medications in use and attach any additional history on a separate page)			
Referring Physician			
Name (print)	Signature	Practice ID	Date