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 Lansing, Michigan 48911  
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**Referral Form for Neuropsychological Evaluations--Dr. Dennis Pelon, Ph.D.**

Referring Professional Information

Patient Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Practice/Group: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Insurance: \_\_\_\_\_

\_\_\_\_\_

Contract Number: \_\_\_\_\_

\_\_\_\_\_

Group Number: \_\_\_\_\_

Should someone other than the patient be contacted: Y or N

If so: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please select any of the following that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Memory Loss  | <input type="checkbox"/> Frontal Lobe and Executive Function Deficit |
| <input type="checkbox"/> Self-Awareness/Cognitive Changes   | <input type="checkbox"/> Planning/Organization Deficit               |
| <input type="checkbox"/> Aphasia/Word Finding Problems  | <input type="checkbox"/> Comprehension of Conversation issues        |
| <input type="checkbox"/> Visual Spatial Deficit   | <input type="checkbox"/> Dyspraxia                                   |
| <input type="checkbox"/> Concussion/Traumatic Brain Injury  | <input type="checkbox"/> CVA, TIA, Stroke                            |
| <input type="checkbox"/> Central Nervous System Infection   | <input type="checkbox"/> ETOH or Other Substance Abuse               |
| <input type="checkbox"/> Seizures   | <input type="checkbox"/> Hypoxia/Sleep Apnea                         |
| <input type="checkbox"/> Carbon Dioxide Poisoning   | <input type="checkbox"/> Neurotoxin Exposure                         |
| <input type="checkbox"/> AIDS   | <input type="checkbox"/> B12 or Thymine Deficiency                   |
| <input type="checkbox"/> Degenerative Diseases; Parkinson's, MS, Alzheimer's, ALS, Huntington's, Etc. |  |

If patient has had a previous Neuropsychological Evaluation, MRI, CAT scan, or EEG of the brain, please include with this fax with any other pertinent referral information. You will receive the date and time of your patients appointment with Dr. Pelon once scheduled. Thank you for your referral!