



Guidelines for referrals

Below is a list of guidelines to follow when referring a patient to Children's Healthcare of Atlanta Neuropsychology for a consultation or testing. These are meant to be general guidelines. If you have specific questions, call the Neuropsychology provider line at **404-785-2849, option 4**.

Which patients should you refer?

Due to the specialized nature of our practice, we only see patients with a primary neurological diagnosis. While some of these patients might have secondary psychiatric or behavioral diagnoses*, we can only see them if they have a primary neurological diagnosis from a medical doctor.

Common conditions treated

- Abnormal electroencephalogram (EEG)
- Abnormal MRI of brain
- Anoxic or hypoxic brain injury/encephalopathy
- Arteriovenous malformations
- Brain or neurological injury (not listed elsewhere)
- Brain tumor
- Cardiac condition (congenital heart disease, heart failure, heart transplant)
- Cerebral palsy
- Chiari malformation
- Concussion
- Congenital brain abnormality (not listed elsewhere)
- Di George's Syndrome (22q11.2 Deletion Syndrome)
- Duchenne muscular dystrophy
- Encephalitis
- Epilepsy and seizure disorder
- Genetic and metabolic disorders
- Hydrocephalus
- Meningitis
- Neurofibromatosis
- Neuroimmunological disorders (e.g., Anti-NMDA receptor encephalitis, multiple sclerosis, autoimmune encephalitis)
- Spina bifida
- Stroke, brain hemorrhage, cerebral ischemia
- Traumatic brain injury
- Tuberous sclerosis

**We do not see patients with a primary diagnosis or presence of severe psychiatric or mood symptoms*

Common reasons for referral

If your patient has a primary neurological diagnosis and there are concerns related to any of the following, either from the parent report or your impression, then a referral to Neuropsychology might be indicated.

- Learning/retention or memory problems
- Attention or processing speed problems
- Executive functioning (e.g., disorganization, forgetfulness, prioritizing)
- Reduced adaptive functioning or independence with activities of daily living (ADLs)
- Emerging adult transition or post high school planning
- Risk for neuropsychological impairment
- Speech/language, fine/gross motor, and/or global developmental delay
- Social development
- Emotional symptoms
- Behavior problems (e.g., hyperactivity, impulsivity, aggression)
- Medication monitoring
- Follow up evaluation (established patient)
- Rule out autism spectrum disorder

Documentation requirements

When referring your patient, please be sure to include:

1. Clinical notes documenting the neurological/medical diagnosis and patient demographics.
2. Any imaging done to support the injury, if applicable.
3. Copy of current IEP/504 plan and any previous psychological, psychoeducational or neuropsychological evaluation reports, if appropriate and available.

Other resources

If your patient does not have a primary neurological diagnosis but needs a psychological evaluation, please contact our office at **404-785-2849** for recommendations.