Below is a list of guidelines to follow when referring a patient to 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 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 (ADL’s)
• 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.