

Ayer Neuroscience Institute Outpatient Center
Referral for Neuropsychiatric Consultation

Please note: Patient must have a documented neurological disorder to be seen by Dr. Trettel. The patient must be psychiatrically stable without a history of suicidality. Patients with Workers Compensation claims or active litigation cannot be seen. This form will not be accepted and patient will not be scheduled unless entirely complete.

Referring Physician

Name: _____ Phone: _____

Address: _____ Fax: _____

Specialty: _____

PCP (Name, Phone, Fax): _____

Patient Information:

Name: _____ Sex: M F DOB: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____ Marital Status: _____

Employment Status: _____ Employer: _____

Contact for Scheduling

Name: _____ Number: _____ Relationship: _____

Insurance Information

Primary Insurance: _____ Ins. ID: _____

Subscriber Name: _____ Sex: M F DOB: _____

Secondary Insurance: _____ Ins. ID: _____

Subscriber Name: _____ Sex: M F DOB: _____

Reason for Referral: Behavioral Problem –or– Cognitive Problem

Select Relevant History: History of Suicidality History of Inpatient Psychiatric Admission

Other (please state): _____

Does patient have a psychiatrist? : Yes No Has psychiatrist been notified of this referral? : Yes No

Psychiatrist Name: _____ Phone Number: _____

Neurologic Diagnosis (ICD-10 Dx-Code): _____

Referring MD Signature: _____ Date _____

Please forward the following items to schedule an appointment:

- ✓ Progress/Office Notes
- ✓ EEG Reports
- ✓ Laboratory and Radiology Reports (MRI, CT, etc)
- ✓ Neuropsychology Testing (within one year)
- ✓ CD of All Diagnostic Studies Completed to Date (Diacom compatible preferred)

