Alberta Health Services

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 ☐ Female ☐ 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 length of loss of consciousness, posttraumatic amnesia, Glasgow Coma Scale score, NIHSS 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