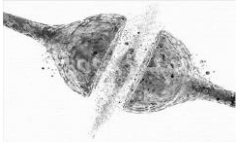

Dr. Gregory Perri, PSYD, MBA
3420 Stony Spring Circle. Louisville, KY 40220
Phone: (502) 383-9885
Fax: (502) 225-1355

NEUROPSYCHOLOGICAL/NEUROCOGNITIVE EVALUATION REFERRAL

DATE:

PREFERRED PROVIDER:

☐ Dr. Perri, Louisville
Fax to: 502-225-1355

☐ First available provider
Fax to: 502-225-1355

PATIENT NAME:

DOB:
Only accepting referrals for patients ages 16 and up.

PATIENT PHONE:

Alternate contact is required to accept referral.

ALTERNATE CONTACT NAME:

ALTERNATE CONTACT PHONE:
RELATIONSHIP TO PATIENT:

WHO IS BEST CONTACT FOR SCHEDULING?

☐ Patient
☐ Alternate contact

REFERRING PROVIDER:

REFERRING FAX NUMBER:

REFERRAL CONCERNS:

Please fax this **COVERSHEET**, **PATIENT DEMOGRAPHIC/CONTACT INFO, PERTINENT CLINIC NOTES, and PATIENT INSURANCE** to:

KENTUCKY NEUROPSYCHOLOGICAL ASSOCIATES
Attn: Tonya Purtilar, Office Manager
Dr. Perri Fax: (502) 225-1355

This page and your clinic notes are used to document medical necessity for this procedure, so please provide some statement (either in your clinic notes or above) about the clinical question you would like neurocognitive evaluation to address and the benefit of having this information for treatment purposes. If required, our office will pre-certify the procedure with the patient's insurance as a courtesy to the patient and to our referring providers.