LOUISVILLE



DR. GREGORY D. PERRI, PSY.D. 120 Webster Street | Suite 109 | Louisville, KY 40206 Phone: (502) 383-9885 Fax: (502) 225-1355

DR. AMELIA J. ANDERSON-MOONEY, PH.D. 102 W Front Street | Glasgow, KY 42141 Phone: (502) 383-9885 Fax: (888) 494-1640

GLASGOW

Direct Line: (502) 383-9885



NEUROPSYCHOLOGICAL/NEUROCOGNITIVE EVALUATION REFERRAL			
DATE:			
PREFERRED PROVIDER:	☐ Dr. Perri, Louisville Fax to: 502-225-1355	☐ Dr. Anderson-Mooney, Glasgow Fax to: 888-494-1640	☐ First available provider Fax to: 502-225-1355
PATIENT NAME:		Alternate contact is required to accept referral.	
		ALTERNATE CONTACT NAME:	
DOB: Only accepting referrals for patients ages 16 and up.		ALTERNATE CONTACT PHONE: RELATIONSHIP TO PATIENT:	
PATIENT PHONE:			
		WHO IS BEST CONTACT FOR	☐ Patient
		SCHEDULING?	☐ 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: Christine Haeberlin, Office Manager Dr. Perri Fax: (502) 225-1355 Dr. Anderson-Mooney Fax: (888) 494-1640			

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 precertify the procedure with the patient's insurance as a courtesy to the patient and to our referring providers.

KENTUCKY NEUROPSYCHOLOGICAL ASSOCIATES

OFFICE MANAGER