



## Brain Performance & Psychology Center

10291 N. Meridian St., Suite 310

Indianapolis, IN 46290

PHONE: (317) 672-1970

FAX: (317) 672-1971

FAX REFERRAL FORM
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Date: \_\_\_\_\_

### **Patient Information**

Name: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Telephone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

Alternate Contact/Parent/Guardian: \_\_\_\_\_

### **Neuropsychologist/Psychologist Preference:**

Corby Bubp, Ph.D., HSPP

Kevin Dugan, Ph.D., HSPP

Sarah Szerlong, Ph.D., HSPP

No preference/First available

### **Referral Information**

Type of Referral:

Neuropsychological Testing

Psychological Testing

Psychotherapy/Counseling

Cognitive Rehabilitation/CogMed

Psychoeducation/IEP Consult

Referral Question/Reason for Testing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Referring Provider Information**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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YES       NO      Please contact the above patient to schedule an appointment

**\*\*PLEASE INCLUDE ANY MEDICAL RECORDS YOU HAVE FOR THIS PATIENT\*\***