

## MGH Multicultural Assessment and Research Center (MARC)

### Referral for Neuropsychological Evaluation

100 First Avenue, Building 39 – Suite 101, Charlestown, MA 02129

Phone: 617-643-5883 - Fax: 617-643-5896 - [MARC@mgh.harvard.edu](mailto:MARC@mgh.harvard.edu)

Patient's Name:	Referring Provider's Name:
DOB:	Email:
MGH Medical Record Number:	Referring Provider specialty:
Insurance:	Referring Phone:
Policy Number:	Referring Fax:
Who should we contact to schedule this appointment?	Language requested for evaluation:
What is the best number to reach this person?	

1. Are you currently involved in this patient's care?  
 Yes                       No
  
2. Has this patient had a neuropsychological or psychological evaluation in the past?  
 Yes,    When: \_\_\_\_\_ Where: \_\_\_\_\_  
 No
  
3. What is the patient's level of education? \_\_\_\_\_
  
4. What is the patient's primary language? \_\_\_\_\_
  
5. What is the main reason for referral? Check all that apply.  

<input type="checkbox"/> Cognitive Concerns	<input type="checkbox"/> Memory Impairment
<input type="checkbox"/> Behavioral Changes	<input type="checkbox"/> Change/decline in cognitive function
<input type="checkbox"/> Baseline Neuropsychological Evaluation	<input type="checkbox"/> Cognitive strengths and weaknesses
<input type="checkbox"/> Other: _____	
  
6. Please describe the need for testing and any other relevant information below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- *If the patient is not registered, please have them call Mass General Registration and Referral Center at 866-211-6588.*
- *If faxing or emailing this referral form, please submit clinical notes that support the need for testing.*