AmeriHealth Caritas VIP Care

Neuropsychological Testing Request ☐
Psychological Testing Request ☐

Please check one of the above. When complete, fax to 1-833-329-3586.

Please type or print clearly. Incomplete and illegible forms will delay processing.

1. Member information

Member name:	Eligibility ID #:	SSN:	DOB:
Member address:			
City, state, ZIP code:			Phone:
Who referred member for treatment?			

2. Treating provider information

Name (with credentials):	NPI #:	Phone:
Address:		
City, state, ZIP code:		Fax:
Group name or ID number:	Contact name:	
Treating provider signature:		

3. Testing requested

☐ **Neuropsychological:** Insert service codes being requested:

☐ **Psychological:** Insert service codes being requested:

Referral reason and functional impairment:

How will the anticipated results affect the member's treatment plan?

4. DSM-5 diagnosis

List all mental health, substance use, and medical diagnoses:

5. Current symptoms prompting request for testing

☐ Anxiety	☐ Hyperactivity	☐ Behaviors impacting activities of daily living (ADLs)
☐ Psychosis or hallucinations	☐ Withdrawal or social isolation	☐ Depression
☐ Mood instability	☐ Unprovoked agitation or aggression	☐ Poor academic or employment performance
☐ Bizarre behavior	☐ Self-injurious behaviors	☐ Other: _____
☐ Inattention	☐ Eating disorder symptoms	

6. Current medications

List with dosages or attach sheet:

7. Assessments to date

☐ No assessment procedures performed to date	☐ Medical evaluation
☐ Direct observation	☐ Review of records of previous treatment
☐ Assessment by mental health professionals	☐ Clinical interview with patient
☐ Consultation with others	☐ Brief inventories or rating scales
☐ Structured interview	☐ Consultation with patient's provider
☐ Interview with family or guardians	☐ Other (please list): _____

Neuropsychological/Psychological Testing Request

Please answer the following. Attach additional pages and records if necessary.

Patient medical and psychiatric history: _____

Family medical and psychiatric history: _____

Describe any neurological events and/or neuro-developmental concerns: _____

History of psychological testing and results or findings: _____

8. Description of testing request		
Test to be administered	**Time required** (administration of test, scoring, interpretation, and report preparation)	**Comments**

Additional information