

# Carolina Neuropsychological Service, Inc.

Neuropsychology & Rehabilitation Psychology

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www.CarolinaCNS.com

## SPORTS CONCUSSION REFERRAL INTAKE FORM

Patient Name: \_\_\_\_\_ Parents Name(s): \_\_\_\_\_

Patient's Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #) \_\_\_\_\_ Wk #) \_\_\_\_\_

Mother Cell) \_\_\_\_\_ Father Cell) \_\_\_\_\_

Patient's DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Referring Doctor, Practice Name & Number: \_\_\_\_\_

Doctor/PA NPI #: \_\_\_\_\_ Contact: \_\_\_\_\_

**Reason for Referral:** "Please assess the integrity of Central Nervous System functions in light of medical history of a concussion."

-Date of Concussion: \_\_\_\_\_

-Sport:  Football  Soccer  LAX  Wrestling  Basketball  Baseball  
\_\_\_\_ Other: (Specify) \_\_\_\_\_

-Comorbid Condition(s):  Migraines  Depression/Anxiety  ADHD  Epilepsy  
 Autism  Other: \_\_\_\_\_

-Date(s) of Previous Concussions: \_\_\_\_\_

-Medications: \_\_\_\_\_

*(Please note that Educational Testing is not considered "medically necessary" and is not reimbursed by most insurance companies. It is usually an out-of-pocket expense. Also, we only see MVCs or other Legal cases upon direct referral)*

Dx(s) to Verify: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

### Primary Insurance Coverage:

Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

M/H Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Insured: \_\_\_\_\_ Patient Type: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**NOTES:** \_\_\_\_\_

**PLEASE ATTACH YOUR DEMOGRAPHIC SHEET & COPY OF PATIENT'S INSURANCE CARD  
THANK YOU!!!**