



Referral Guidelines: Neuropsychological Evaluation

INTRODUCTION	The Division of Neuropsychology provides general outpatient neuropsychological evaluations for children and adolescents with cognitive concerns, particularly when there is also a medical history of a neurological or other diagnosis with potential effects on CNS functioning.
WHEN TO REFER	<p><u>Concussion:</u> Patient with a <u>recent</u> known or suspected concussion should be referred to SCORE program directly: 202-476-2429</p> <p><u>Autism Spectrum Disorders (ASD):</u> When there is a diagnostic question of ASD or the patient has known ASD and requires updated testing and management, please refer to the Center for Autism Spectrum Disorders: 301-765-5430</p> <p><u>General Neuropsychology:</u></p> <ul style="list-style-type: none">• Patients with <i>medical diagnosis/ history</i> that impacts cognitive function (genetic disorder, epilepsy, tumor, leukemia, stroke, traumatic brain injury, CNS infection, hydrocephalus, congenital heart disease, history of prematurity, etc.). <u>These types of patient should be referred for comprehensive neuropsychological evaluation</u> especially if any concerns about cognitive function or development are present.• Patients with known or suspected <i>neurodevelopmental disorder</i> (such as attention disorder, learning/ processing problems) may also be seen in neuropsychology if the referral question/ main issues are in relation to <i>cognitive functions</i> (attention, executive function, memory, verbal and visual processing, etc.). <i>Please note that learning disability/ academic testing, or testing for educational purposes, is not covered by insurance and is a self-pay procedure. Consider a referral to the school system or county early intervention services for testing when learning or general developmental problems are suspected. Evaluations are also readily available in the community for questions of learning and attention problems.</i>• Patients where differential diagnosis or characterization of <i>cognitive function</i> is needed for purposes of medical care• Ages: preschool through late adolescence

	<p><i>PLEASE NOTE:</i> Patients in acute mental health crisis, or whose presenting concerns are primarily psychiatric/ behavioral in nature, are most appropriately referred to Outpatient Psychiatry for evaluation and treatment. We will refer diagnostic questions of Oppositional Defiant Disorder/ Conduct Disorder, Anxiety/ Mood/ Bipolar Disorder, Schizophrenia and Psychosis to a treatment provider. Cognitive testing is not usually helpful in such cases, unless there is also a cognitive functioning question in a patient who is already in treatment and stable.</p> <p>We do not offer personality or projective testing.</p> <p>We typically have a lengthy wait list. We prioritize cases where urgent testing is needed for medical reasons (e.g., prior to neurosurgery or CNS-impacting treatments).</p>
HOW TO REFER	<p>Families should call the Neuropsychology Intake line to begin the appointment process: 301-765-5430.</p> <p>If you have a question about referral criteria please contact: Leigh Harrison, Neuropsychology Program Coordinator, who will direct your inquiry to a neuropsychologist: 301-765-5448</p>
WHAT TO EXPECT FROM A VISIT TO CHILDREN'S	<ul style="list-style-type: none">• We will collect detailed intake information prior to scheduling a visit. This information is needed for insurance pre-authorization and also helps us schedule the patient with the best provider.• The wait for an appointment is likely to be at least several months in most cases, and possibly significantly longer.• Patients seen for testing will receive a comprehensive evaluation of cognitive function (attention, executive function, memory, verbal, visual-spatial, motor, sometimes academic skills), as well as social/emotional/behavioral functioning.• The neuropsychologist will give feedback both verbally to the family and in a written report that addresses the referral question and provides comprehensive, individualized recommendations for educational and treatment planning, and referrals to other professionals as needed. Referral source will receive a copy.