**Neuropsychology Referral Form**

We can offer assessment of, and advice and consultation on, changes in cognition, behaviour and emotion in the context of a diagnosis of neurological illness or injury, including brain injury.

Please give as much of the following information as possible and email to our team email address: lpft.neuropsychology@nhs.net

**Patient Details**

Name:

DoB:

Address:

NHS Number:

GP Practice:

Contact details:

Diagnosis:

Any additional medical details: *(medications, co-morbid conditions, treatments for neurological diagnosis)*

Has the patient consented to the referral? Y/N

Are there any concerns about decision making capacity? (If yes, please detail)

Are there any risk/safeguarding concerns, or reasons why this patient would need to be seen urgently? (If yes, please detail)

**Referrer Details**

Name:

Position:

Team:

Contact Details:

Other agencies/teams involved:

**Reason for referral**

*Please document current issues and concerns. What would you like Neuropsychology to help with?*