

**NEURODEVELOPMENTAL CENTER OF EXCELLENCE (NCE)  
 NEUROPSYCHOLOGICAL ASSESSMENT REFERRAL FORM**

<b>REFERRAL DATE:</b>	
<b>REFERRAL SOURCE:</b>	
<b>REFERRAL CONTACT INFO:</b>	

<b>REFERRAL CRITERIA</b>	
<b>** Completion of <u>all</u> criteria fields are required for referral **</b>	
Is the child between the ages of 3 and 26?	
Has the child graduated high school?	
Did the child live, work, or attend day care/school in the city of Flint or surrounding areas supplied by the lead contaminated Flint water anytime between April 2014 until present?	
Does the child currently live in Genesee County?	

<b>CHILD INFORMATION</b>	
Child's First Name:	
Child's Last Name:	
Does the child have Medicaid?	
If yes, what is the number?	
Child's DOB:	
Child's Address:	

<b>DEMOGRAPHICS</b>	
Gender:	
Race(s):	1)                      2)                      3)
Hispanic/Latino Origin:	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes,
Primary Language:	

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PARENT/GUARDIAN INFORMATION	
Parent/guardian:	
Relationship to Child:	
Parent/guardian address:	
Contact Phone Number:	

ADDITIONAL INFORMATION	
School Name:	
School contact number:	
Primary Care Provider (PCP):	
PCP contact number:	
Other Pertinent Providers & contact numbers:	

Please fax referral sheet, along with any other documents (School records/IEP, psychological evaluations, previous medical evaluations such as from neurologist, etc.) that may be of benefit to assist in the evaluation process to (810)257-3757. Thank you.

GHS Neurodevelopmental Center of Excellence  
2700 Robert T. Longway, Suite G  
Flint, MI 48503  
Phone: (810)496-5677  
Fax: (810)257-3757