

Oasis LifeCare LLC  
1951 Pine Hall Rd  
Suite 225  
State College PA 16801  
Phone: 814-237-0001 Fax: 814-237-0116

**Referral for Neuropsychological Testing**

Patient Name:  
Patient Date of Birth:  
Patient Phone Number:  
Patient Address:  
If under 18 years of age, Guardian Name:

**Testing for (circle one):**

ADHD ONLY                      AUTISM ONLY                      ADHD/IQ/AUTISM

Referred by:

Name:  
Agency (If Applicable):  
Phone:  
Fax:

**\*\*\*ALL FIELDS MUST BE COMPLETE TO INITIATE REFERRAL AND  
ACCOMPANIED BY A RELEASE OF INFORMATION.**