

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

Referral for Neurodevelopmental / Neurocognitive 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 IQ ONLY

NEUROCOGNITIVE/DEMENTIA ONLY

Referred by:

Name:

Agency (If Applicable):

Phone:

Fax:

***** ALL FIELDS MUST BE COMPLETE TO INITIATE REFERRAL AND ACCOMPANIED BY A RELEASE OF INFORMATION ALONG WITH ANY COPIES OF PREVIOUS EVALUATIONS.**