

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

REFERRAL DATE:	
REFERRAL SOURCE:	
REFERRAL CONTACT INFO:	

REFERRAL CRITERIA ** Completion of <u>all</u> criteria fields are required for referral **	
Is the child between the ages of 3 and 17?	
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 September 2021?	
Does the child currently live in Genesee County?	
Does the child have current and active Medicaid?	

CHILD INFORMATION	
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:	

DEMOGRAPHICS	
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.