Lumina Neuropsychological Services, PLLC

Provider Referral Form

Secure eFax: (512) 271-9066
Phone: (512) 271-9044
admin@luminaneuropsyc.com

Telehealth services for adults (18+) located in Texas. Complete and return by secure eFax to (512) 271-9066.
Lumina is private-pay and out-of-network for all insurance. Superbills are provided to patients for out-of-network reimbursement. Please advise the patient of this when referring.

1. REFERRING PROVIDER

Provider name _____ NPI (optional) _____

Practice / clinic _____

Phone _____ Email _____

eFax _____ Preferred contact: ☐ Phone ☐ Email ☐ Fax

2. PATIENT INFORMATION

Patient name _____ Date of birth _____

Phone _____ Email _____

☐ Patient is 18 years or older ☐ Patient is located in Texas

3. REASON FOR REFERRAL

Service requested (check all that apply):

☐ Memory & Cognitive Concerns Assessment
☐ Adult ADHD Assessment
☐ Therapy: Functional Neurological or Somatic Symptoms
☐ Therapy: Anxiety
☐ Therapy: Adjusting to a Diagnosis
☐ Therapy: Cognitive Rehabilitation
☐ Cognitive Health Consultation
☐ Not sure / Please triage

Referral question / reason for evaluation:

4. CLINICAL BACKGROUND

Relevant diagnoses:

Current medications:

Records attached (check all that apply):

☐ Clinical notes ☐ Prior testing ☐ Imaging ☐ Labs ☐ Medication list ☐ None at this time

5. ACKNOWLEDGMENT & SIGNATURE

☐ I have advised the patient that Lumina is private-pay and out-of-network for all insurance.

Referring provider signature _____ Date _____