# Neurocognitive Testing & Assessment

## Procedure Requisition

Patient: ___________________________  Patient ID: ___________________________

DOB: ___________________  DOS: _____________  Complaint / Reason: ___________________________

Clinician: ___________________________  Tech: _______________________  Total Time: ___________________

### Neurocognitive Test Selection

- **Check the Cognitive Tests to be administered**
  - Verbal Memory Test
  - Visual Memory Test
  - Finger Tapping Test
  - Symbol Digit Coding Test
  - Stroop Test
  - Shifting Attention Test
  - Continuous Performance Test
  - Perception of Emotion Test
  - Non-Verbal Reasoning Test
  - 4 Part Continuous Performance Test
  
**Other Testing:**  (Conventional Paper & Pencil)

### Clinical and Quality Rating Scales:

**Billing Code:** 96127 & MIPS (Medicare Quality Measures)

- **Check Scales to be administered**

#### Quality of Life Outcomes

- Medical Outcomes Survey (MOS) SF-36

#### Depression & Anxiety

- DASS Depression, Anxiety and Stress Scale SF-21
- DASS Depression, Anxiety and Stress Scale LF-42
- PHQ-9 Patient Health Questionnaire SF-9
- GAD-7 Generalized Anxiety Disorder SF-7
- Stanford Geriatric Depression Scale (SGDS) SF-15
- Stanford Geriatric Depression Scale (SGDS) LF-30

#### Sleep, Fatigue

- Epworth Sleepiness Scale (ESS) SF-8
- Pittsburgh Sleep Quality Index (PSQI) SF-10
- Sedation Scale (SS) SF-1
- Alertness Rating Scale (ARS) SF-1
- Modified Fatigue Impact Scale (MFIS) SF-21

#### ADHD, Neurobehavioral, NeuroPsych

- Adult ADHD Self-Report Scale (ASRS-v1.1)
- Neurobehavioral Symptom Inventory (NSI) SF-22
- NeuroPsych Questionnaire (NPQ) SF-45
- NeuroPsych Questionnaire (NPQ) LF-207

#### Pain, Substance Use Disorder

- Numeric Pain Scale SF-1
- Pain Catastrophizing Scale (PCS) SF-13
- Drug Use Questionnaire (DAST) SF-20
- Alcohol Use Disorders (AUDIT) SF-10

#### Falls, Functional, Disability

- Falls Risk Scale SF-13
- Health Assessment Questionnaire (HAQ-8) Disability Scale

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### TBI, Concussion, Vestibular

- Neurobehavioral Symptom Inventory (NSI) SF-22 (Vestibular, Cognitive, Affective, Somatic, Hearing symptoms)
- Dizziness Handicap Inventory (DHI) SF-25
- Head Injury Questionnaire (HIQ) LF-90

### PTSD

- PTSD Checklist DSM-5 (PCL-5) SF-20
- Life Events Checklist for DSM-5 (LEC-5)
- PTSD Checklist - Civilian (PCL-C17)
- PTSD Checklist - Stressor Specific (PCL-S17)
- Life Events Checklist (LEC) SF-17
- Combat Exposure Scale (CES) SF-7
- DRRI-Deployment Risk and Resilience Inventory (11 Rating Scales)

### Other Scales

- Zung Depression Scale (ZDS) SF-20
- Zung Anxiety Scale (ZSAS) SF-20
- Memory Questionnaire (MEMQ) SF-27
- Adult Obsessive-Compulsive Disorder Inventory SF-20
- MHE Questionnaire (Mild Hepatic Encephalopathy) SF-12
- Life Habits Checklist SF-20

#### Pediatric & Adolescent

- Vanderbilt ADHD Parent Scale LF-53
- Vanderbilt ADHD Teacher Scale LF-43
- Vanderbilt ADHD Follow-up Parent SF-38
- Vanderbilt ADHD Follow-up Teacher LF-43
- Screen for Child Anxiety Related Disorders (SCARED) Child LF-41
- Screen for Child Anxiety Related Disorders (SCARED) Parent LF-41
- Child Obsessive-Compulsive Disorder Inventory SF-20
- Social Anxiety Scale for Children and SF-20
- Pediatric Symptom Checklist (PSC) SF-35
- Pediatric Symptom Checklist-Youth Report (Y-PSC) SF-35
- Pediatric Symptom Checklist (PSC-17) SF-17
- Childhood Cancer Neurocognitive Questionnaire SF-25
- NeuroPsych Questionnaire (NPQ SF-45)
- NeuroPsych Questionnaire (NPQ LF-207)

**LF = Long Form, SF = Short Form and the number is the number of questions.**

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![CNS Vital Signs](image.png)
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Procedure Requisition

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DOB: ___________________ DOS: ___________ Complaint / Reason: _________________________________
Clinician: ___________________________ Tech: ___________________________ Total Time: ___________________

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  Stroop Test
  Shifting Attention Test
  Continuous Performance Test
  Perception of Emotion Test
  Non-Verbal Reasoning Test
  4 Part Continuous Performance Test
  Other Testing: (Conventional Paper & Pencil)

Clinical and Quality Rating Scales:

- Check Scales to be administered

Billing Codes: [Check the codes]

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- Falls Risk Scale SF-13
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Billing Codes:

- Check the Cognitive Tests to be administered
- 96136 Clinician
- +96137 Clinician
- 96138 Technician
- +96139 Technician

Quality of Life Outcomes
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CNS Vital Signs

Clinic Name
Address, City, State Zip
Phone: - Fax:
If you would like a PowerPoint Document Version of this Request Form to customize for your clinic / practice, contact us at support@cnsvs.com and enter in the subject line… REQUEST: CNS VS Testing Requisition.

Thanks,

Your CNS Vital Signs Support Team