



## NEXUS TRIAGE

Nexus Clinical Solutions, LLC  
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# **REFERRAL FORM - NEXUS TRIAGE** **NEUROBEHAVIORAL ASSESSMENT**

<b>Patient Name:</b>		Today's Date:	
DOB:		Date of Subject Injury:	
Phone:			
Email:		Referring Contact Person:	
Gender:		Referring Contact Phone:	
Ethnicity:		Referring Attorney:	
Fluent in English?:		Attorney Firm:	
Preferred Lang.:		Attorney Telephone:	

Additional Comments:

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***Nexus Triage telemedicine assessment includes the following procedures:***

- ✓ Neurobehavioral Status Exam and Clinical Interview with Expert Neuropsychologist or Neurologist
- ✓ Neurobehavioral Assessment with Testing
- ✓ Summary of Consultation Report (incl. diagnosis, recommendations, impairment rating)

**Nexus Triage** is designed to quickly evaluate the neurobehavioral functioning of injured patients, and inform referring party on diagnostic impression, probable level of impairment and recommendations for subsequent evaluations and treatment.

***To maximize efficiency of our communication with the claimant, please inform your claimant this is a formal telemedicine medical appointment and the reason for this referral.***

Note: A late cancellation and/or no-show fee will apply.

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**PLEASE EMAIL TO [asare@nexustriage.com](mailto:asare@nexustriage.com)**