



*Transitional Life Counseling, LLC*  
 1525 Xenia Avenue  
 Yellow Springs, OH 45387  
 Phone: (937) 769-5019      Fax: (937) 319-0514

Dear Professional Colleagues,

Allow me to introduce Transitional Life Counseling, LLC. We are a psychological assessment and counseling center located in Yellow Springs, Ohio. We are equipped to address your patients' cognitive, personality and neuropsychological needs. We utilize evidence-based therapy and the latest technology in our assessment and treatment protocols. Below is a list of services provided and populations served. Look it over and see if we can be of service to your practice.

| <b>PATIENT DISORDERS</b>  |
|---|
| Acquired Brain Injury (Concussion, TBI, & Vascular Disease)                 |
| Attention Deficit Disorder, Learning Disability, & Intellectual Functioning |
| Brain Tumors  |
| Dementia & Mild Cognitive Disorder  |
| Demyelinating Disorders (Multiple Sclerosis)                                |
| Epilepsy & Seizure Disorders  |
| Mood Disorders (Anxiety/Depression/Somatization)                            |
| Movement Disorders (PD & HD)  |
| Post Traumatic Stress Disorder  |
| Stroke & Cerebrovascular Disorders  |
| Systemic diseases affecting the CNS(Lupus)                                  |

| <b>SEVICES PROVIDED</b>                                 |
|---|
| <b>Comprehensive Psychological Assessment:</b>          |
| Neuro-psychological Assessment                          |
| Memory Assessment                                       |
| Personality Assessment                                  |
| Disability Determination*                               |
| <b>Pre-Surgical Assessment of Cognitive Functioning</b> |
| Determine Brain Health                                  |
| <b>Neurofeedback</b>                                    |
| Quantitative Electro-encephalogram Assessment           |
| Neurofeedback   |
| <b>Psychotherapy</b>                                    |

\*Disability assessments are private pay only as Independent Medical Examinations (IME) and are not typically covered by insurance.

We have attached a 'TLC Referral Packet' that will assist you in expediting your referral process and reduce staff time. The more complete your initial contact, the sooner your patients will be placed on our assessment schedule.

We look forward to working collaboratively with you and your staff in providing comprehensive care!

Rose Mary Shaw, PsyD  
 Clinical Neuropsychologist  
 Licensed Clinical Psychologist OH 6323

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**OFFICE REFERRAL PACKET**  
**FAX completed forms to: 937-319-0514**

**Referral Staff Instructions:**

Help us expedite your physician's referral. Please complete all of the physician's identifying information and patient information. Missing information may delay the process.

**PRACTICE/OFFICE:**

| Contact Person | Address | Telephone number | Fax Number |
|----------------|---------|------------------|------------|
|                |         |                  |            |

**PHYSICIAN INFORMATION (Required by Insurance Panels)**

| Physician's Full Name | Specialty / PCP/NP | NPI | Direct Office Fax |
|-----------------------|--------------------|-----|-------------------|
|                       |                    |     |                   |

**REASON FOR REFERRAL**

| Assessment   |            | REFERRING DIAGNOSIS  | ICD CODE        |
|--|------------|--|-----------------|
| <input type="checkbox"/> Psychological                 | CPT: 96130 |  |                 |
| <input type="checkbox"/> Neuropsychological Assessment | CPT: 96132 | <u>Attention Deficit Disorder</u>  |                 |
|  |            | <input type="checkbox"/> Predominantly Inattentive   | F90.0           |
|  |            | <input type="checkbox"/> Predominantly Hyperactive   | F90.1           |
|  |            | <input type="checkbox"/> Combined  | F90.2           |
|  |            | <input type="checkbox"/> Unspecified   | F90.9           |
|  |            | <u>Neurocognitive Disorder</u>   |                 |
|  |            | <input type="checkbox"/> Vascular w/o Behavioral Disturbance   | F01.50          |
|  |            | <input type="checkbox"/> Vascular w/ Behavioral Disturbance  | F01.51          |
|  |            | <input type="checkbox"/> Neurocognitive Disorder in other Diseases Classified Elsewhere w/o Behavioral Disturbance (TBI) | F02.80<br>(G__) |
|  |            | <input type="checkbox"/> Neurocognitive Disorder in other Diseases Classified Elsewhere w/ Behavioral Disturbance (TBI)  | F02.81<br>(G__) |
|  |            | <input type="checkbox"/> Unspecified w/o Behavioral Disturbance  | F03.90          |
|  |            | <input type="checkbox"/> Unspecified w/ Behavioral Disturbance   | F03.91          |
| <input type="checkbox"/> Neurofeedback                 | (No Code)  |  |                 |
| <input type="checkbox"/> Psychotherapy                 | CPT: 90834 |  |                 |

**PATIENT INFORMATION**

|                            |                       |                  |                |
|----------------------------|-----------------------|------------------|----------------|
| Patient's full name        | Date of Birth         | SS Number-Last 4 |                |
| Patient's Street Address   | State                 | Zip Code         | Active Phone   |
| Patience Insurance Carrier | Identification Number | Group Number     | Provider Phone |
|                            |                       |                  |                |

**REFERRAL CHECKLIST (Attach all of the relevant indicated documents)**

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> HIPPA compliant Release of Medical Info | <input type="checkbox"/> Medications            | <input type="checkbox"/> Report of Scans (MRI/CT/EGG)          | <input type="checkbox"/> Discharge Summary                |
| <input type="checkbox"/> H & P                                   | <input type="checkbox"/> Copy of Insurance Card | <input type="checkbox"/> Previous Neuropsych Evaluation Report | <input type="checkbox"/> Previous Psych Evaluation Report |

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## **PHYSICIAN INFORMATION SHEET**

### **Technology: qEEG and Neurofeedback**

One step beyond standard measures & treatments

We utilize the most innovative assessment tools and treatments

- 1) QEEG (Quantitative Electroencephalogram) is a diagnostic tool, which measures electrical activity in the form of brainwave patterns.
- 2) This tells us how patient's neurons are communicating and helps target specific treatment plan goals by looking at:
  - Areas of the brain that work well
  - Areas of the brain that don't work hard enough.
  - Areas of the brain that work too hard.
- 3) It is a painless, non-invasive procedure that takes about 30 minutes and helps by identifying cognitive strengths and deficits that aid in treatment planning.

### **Neuropsychological Evaluation**

Comprehensive and Objective

Informs individualized treatment planning

We utilize traditional assessment batteries as well as the most innovative online neuropsychological assessment tools including:

- 1) The Conner's Continuous Performance Test- II and Conner's Continuous Auditory Test of Attention helps to assess focus, response speed and impulse control in both the visual and auditory domains.
- 2) WebNeuro measures domains of function in thinking, feeling, emotion, and self-regulation; including tests for mood, anxiety, attention, and memory.
- 3) Dellis-Kaplan measures various domains of verbal and non-verbal executive functioning, including: planning, organizing, problem solving, self-control, emotional regulation, etc.
- 4) Woodcock Johnson Tests of Achievement 4<sup>th</sup> Edition assesses patterns of strengths and weaknesses in academic functioning
- 5) Wechsler Adult Intelligence Scales, 4<sup>th</sup> edition and other IQ batteries measures verbal and nonverbal cognitive abilities

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## **PATIENT INFORMATION SHEET**

**Dear Patient:**

**You are being referred to Transitional Life Counseling (TLC) for:**

- Psychological Evaluation of Mood and Behavioral Health Needs
- Neuropsychological Assessment for Memory, Thinking and Attention
- Pre-surgical Assessment of cognitive and psychological functioning

**TLC provides assessments to a wide variety of individuals who display or recognize difficulties in their thinking, memory, speech personality or other behaviors that significantly interfere with their daily living. The assessment is tailored to address specific referral needs and can assist with:**

- Differential Diagnosis of Mood and Behavioral Health Needs      Care Planning
- Symptom Monitoring and Management      Decision Making

### **Preparing for the day of the assessment:**

- TLC staff will contact you and set the appointment time and day.
- If possible, bring a family member to assist with medical history and symptoms.
- Bring Reading Glasses, Hearing Aides, or other adaptive devices, if they are typically used.
- Bring all current medications in their prescription bottles.
- Avoid caffeine the day of the assessment.
- **Get a good night's rest.**
- **Eat breakfast before the exam and bring a snack.**

### **What to expect during the evaluation:**

- You will be greeted by a TLC Behavior Health Specialist who will conduct a clinical interview with you and /or family /spouse.
- Based on your referral, health history and presenting problems an assessment will follow.
- Assessment involves the evaluation of brain functioning across a range of neurological and medical conditions.
- There is no studying for the test; questions will evaluate your current level of function.
- Assessments are typically conducted within one day (depending on the referral question).
- A comprehensive report with detailed recommendations is sent to your provider within 2-3 weeks.

**Thank you for your cooperation with this process. If you have any questions, ask your Nurse or Medical Assistant.**

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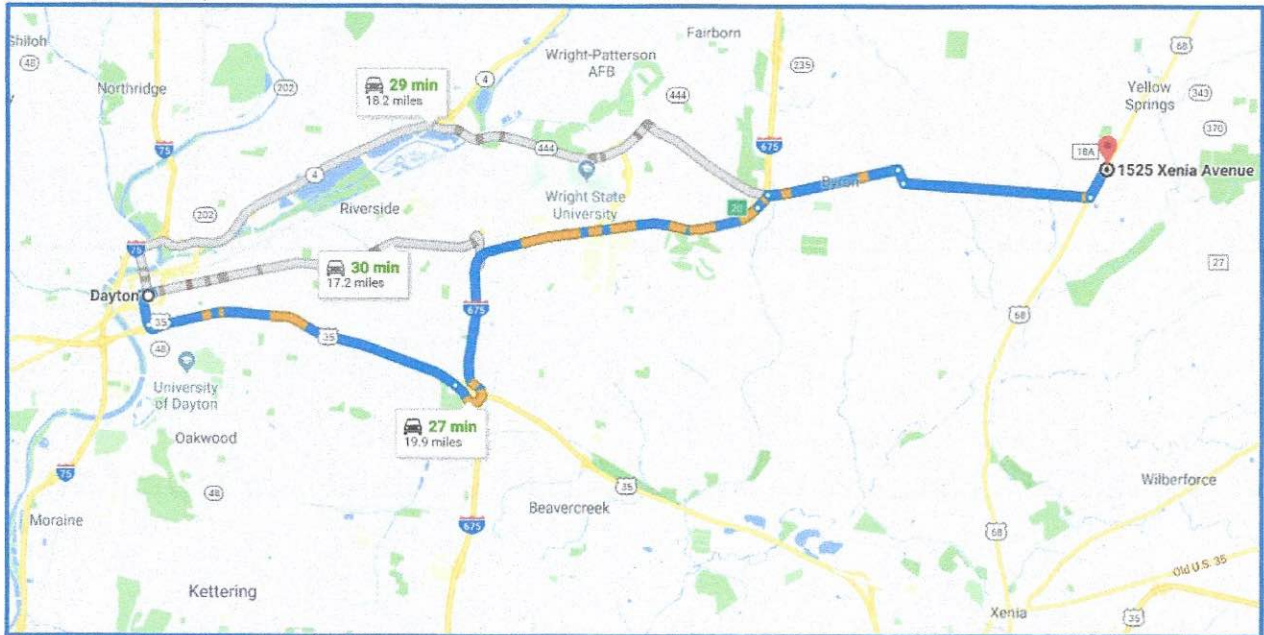
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## PATIENT INFORMATION SHEET: MAP - Directions

**If you get lost, please call for assistance: 937-769-5019**



### **Via I 70:**

Exit 52A onto US 68 South toward Xenia.

US 68 Travel 8.6 miles.

Office is on south end of town on your **Left (next to WesBanco)**.

### **Via US-35 East and I-675 North**

Get on US-35 East to I- 675 North.

I-675 North to Exit 20 onto E. Dayton Yellow Springs Rd. in Fairborn.(see Below)

### **Via I 675N:**

I-675 North to Exit 20 onto E. Dayton Yellow Springs Rd. in Fairborn.

Turn right off Exit 20, travel 2 miles.

**OH-235-S** Turn Right (at the Traffic Light)

Immediately turn Left onto W Hyde Road (.5 miles).

**W. Hyde Road** travel 3 miles,

**US 68** Turn Left

Travel (.5) half mile

Office is on the **Right (next to WesBanco)**.

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