Date:

Regarding: XXX

Date of birth

Any associated insurance number

To Whom It May Concern:

This is a letter requesting preauthorization for neuropsychological testing for XXX, a child with Tourette syndrome (TS) who I have been following for several years. Tourette syndrome is a chronic motor and vocal tic disorder. It is known to be a brain disorder, and although not all details concerning its etiology are understood, current research points to genetically related abnormalities in certain brain regions (including the basal ganglia, frontal lobes, and cortex), interconnecting circuits, and the neurotransmitters responsible for communication among nerve cells. Neurobehavioral disorders, such as ADHD and learning problems, are also seen in children with Tourette syndrome and often have longer term consequences on the child’s outcome than the tics themselves.

I am requesting full psychological (neuropsychological) testing to define XXX’s strengths and weaknesses, including achievement testing, IQ, reaction time, information processing and attention measures *(may insert additional testing requested, such as that for executive functioning, memory, spatial skills, etc., if requesting neuropsych testing*) to better understand and to treat problems in functioning with changes in XXX’s environment.

Testing will also include open-ended and possibly scales for mood disorders, such as depression, because TS can lead to mood disorders due to effects on the child’s self-esteem. Such mood disorders, if found, can be treated with psychotherapy and/or medications.

Additional information regarding TS may be found at the National Institutes of Health (<https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Tourette-Syndrome-Fact-Sheet>. Please contact me at (XXX) XXX-XXXX if you have any questions.

Sincerely,

XXX M.D., Ph.D.