



Genesis Neuroscience Clinic

## Referral Form 2023

Please note that we are not General Neurology and only treat dementia/cognitive disorders. It is our policy that all patients have a referral from their **primary care provider** and must have an ongoing relationship. Referrals are considered incomplete and **will not be reviewed until all the following items are received:**

- Completed referral form
- Office notes indicating memory loss with an updated medication list
- Scanned copy of cognitive testing (Mini-Cog, MOCA, or any other cognitive test)
- Brain MRI or FDG PET within the last year (CT scan if patient has implanted device)
- Labs including BMP or CMP (and A1C if available)
- Legible photocopies of insurance cards

Date of referral: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Primary Care

Other: \_\_\_\_\_

Address: \_\_\_\_\_

Contact telephone: Office: \_\_\_\_\_

Fax: \_\_\_\_\_

### Primary Insurance Information:

Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Male  Female

Date of birth: \_\_\_\_\_

Patient's address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_