



Genesis Neuroscience Clinic

### Referral Form 2024

**We have updated our referral policy as of Aug. 2024.** Insurance requires historical lab work including TSH, B12, and BMP/CMP to proceed with required imaging in our new patient visits. We now require these labs for a referral to be considered complete. 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 maintain 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 A1C (if available), B12, TSH and BMP or CMP (historical)
- 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: \_\_\_\_\_

Please call our scheduling department at ext. 202 with any questions. Thank you for your partnership!

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Phone: 865-888-9494 Fax: 865-444-7672