University of California
San Francisco
UCSF
Fresno Medical Education Program
Fresno Alzheimer & Memory Center

UCSF Fresno Alzheimer & Memory Center
550 E. Shaw Ave., Suite 105 Fresno, CA 93710
Telephone: (559) 227-4810 FAX: (559) 227-4167
www: fresno.ucsf.edu/Alzheimer

New Patient Referral Form

Date: _____

CONTACT INFORMATION

Patient Information:

Patient's Name: _____

Date of Birth: _____ Language: _____

Address: _____ City/Zip Code: _____

Home/cell Phone: _____ Email: _____

Please provide a second point of contact to help facilitate the patient referral process.

Contact Person for Patient: _____ Phone: _____

Relationship to Patient: _____ Email: _____

OUTPATIENT SERVICES

Alzheimer & Memory center evaluation:

□ Diagnosis/ICD10:
□ Dementia
□ Alzheimer Disease
□ Mild Cognitive Impairment
□ Memory loss/Forgetfulness
□ Diagnosis Uncertain
□ Re-evaluation (for established patients only)
□ Second Opinion
□ Other: _____

Note: *The AMC is now in the EPIC system*

Neuropsychology Evaluation:

□ Diagnosis
□ Functional Capacity Assessment
□ Neurocognitive baseline
□ re-evaluation for known condition
□ Other: _____

Insurance authorization CPT codes:

- 96116, 96121, 96132, 96136 X1
- 96133 X4
- 96137 X12

Note: *It is the responsibility of the referring doctor's office to obtain authorization for the appointments.*

PROVIDERS INFORMATION

Referring Information:

Referring Doctor: _____ Phone: _____

Address: _____ Fax: _____

Contact in provider's office: _____ Phone Extension: _____

PCP, if other than referring MD: _____

REFERRAL CHECKLIST- Please attach the following information:

□ Copy of Insurance Cards - front and back
□ Most Recent Chart Notes
□ Lab Results (within past 12 months)
□ EMG or EEG Reports (including copies of images if available)
□ Imaging Reports (within past 12 months)
□ Brain/Spine MRI Reports (disc if available)
□ Brain CT Reports (disc if available)

Please fax the completed form and attachments to 559-227-4167