

REFERRAL FORM



Rocky Mountain Brain Health

RAPID MEMORY CLINIC

701 E Hampden Avenue, Suite 510, Englewood, CO 80113

Phone: 303-953-5626 Fax: 303-357-5459

<https://movementdisorderscenter.org/rapidmemoryclinic/>

A service of the Rocky Mountain Movement Disorders Center, P.C.

Patient Name: _____ **DOB:** _____

Ordering Provider: _____ MD / DO / NP / PA

Clinic Name: _____

Phone: _____ **Fax:** _____

Reason for referral: Mild cognitive impairment of unknown etiology

ICD-10 Codes/DX: G31.84

Neuropsychology: Evaluate cognitive impairment

Neurology: Evaluate and treat cognitive impairment

MRI Imaging: Brain without contrast (we will arrange for MRI scheduling).

Indication: Mild cognitive impairment of unknown etiology, other amnesia

ICD-10 Codes/DX: G31.84, R41.3

3T Requirement: Yes No **Include ERICA score:** Yes No

Include Coronal Images for Hippocampal Atrophy: Yes No

Ordering Provider Signature: _____

Date: _____