BrainHealth.net™

Cognitive Testing Order Form

For patient upload

NeuroVision Imaging, Inc
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Sacramento, CA 95833
Fax: 1 (877) 766-3950

v2.0.0.A

ORDERING CHECKLIST:

- ☐ Complete all fields on the referral form
- ☐ Include patient face sheet
- ☐ Attach copy of insurance card (front and back)
- ☐ Ensure referral form is signed by referring provider
- ☐ Include last visit note, recent lab results, and any available brain imaging reports

REFERRING PROVIDER (REQUIRED)

Provider First Name	Provider Last Name	Practice Name		
Office Address		City	State	Zip
Practice code (internal)	NPI	Phone	Fax	

PATIENT INFORMATION (REQUIRED)

Patient First Name	Patient Last Name	Date of Birth (mm/dd/yyyy)	Sex at Birth ☐Male ☐Female ☐Other	
Address		City	State	Zip
Email		Mobile Phone	Home Phone	

CARE PARTNER INFORMATION

Care Partner First Name	Care Partner Last Name	Care Partner Phone	Care Partner Email

ICD-10 DIAGNOSIS CODE (REQUIRED)

Aging

- ☐ R41.81 Age-related cognitive decline
- ☐ G31.84 Mild cognitive impairment of uncertain or unknown etiology

Neurovascular

- ☐ I69.811 Memory deficit following other cerebrovascular disease
- ☐ I69.814 Frontal lobe and executive function deficit following other cerebrovascular disease
- ☐ I69.815 Cognitive social or emotional deficit following other cerebrovascular disease
- ☐ I69.311 Memory deficit following cerebral infarction
- ☐ I69.314 Frontal lobe and executive function deficit following cerebral infarction
- ☐ I69.315 Cognitive social or emotional deficit following cerebral infarction
- ☐ I69.810 Attention and concentration deficit following other cerebrovascular disease
- ☐ I69.310 Attention and concentration deficit following cerebral infarction

Dementias

- ☐ F10.97 Alcohol use, unspecified with alcohol-induced persisting dementia
- ☐ G30.0 Alzheimer's disease with early onset
- ☐ G30.1 Alzheimer's disease with late onset
- ☐ G30.8 Other Alzheimer's disease
- ☐ G31.83 Neurocognitive disorder with Lewy bodies
- ☐ F02.80 Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
- ☐ F02.A0 Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
- ☐ F01.50 Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
- ☐ F01.A0 Vascular dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

REFERRAL FOR

Cognitive Testing and Care Planning

- ☐ **Full Service** - includes Neurology consult by BrainHealth
- ☐ **Self Service** - does not include Neurology consult
  (requires separate agreement for services, contact (916) 776-5677)

Tests include:

- Cognitive assessment with MOCA
- Mental health screening with PHQ-9, GAD-7
- Functional assessment
- Evaluation of safety
- Identification of care partner and SDOH
- Sleep screen
- Medication reconciliation
- Customized care plan (advice only; recommendations to be forwarded to the referring provider)

I hereby request and authorize BrainHealth to utilize the above information to process the referral and coordinate care for the TeleNeurology Cognitive Consult for the indicated patient; I have obtained any patient consent legally required for a) referring the patient and b) I agree to provide the necessary information and medical records needed to support billing or reimbursement.

I have evaluated this patient and have identified a cognitive complaint/ issue.

Signature ▶