



MARS Memory-Health Network™

4415 Junction Park Dr. ♦ Wilmington, NC 28412 ♦ ph (910) 791-6277 ♦ fax (910) 791-6226

Fax Referral Form Fax Referral Form To (910) 791-6226

Provider _____ Ph. _____ Fax _____

Office Contact _____ Date of Next Office Visit _____

Suspected Diagnosis

Adult (16+)	Adult Memory	
<input type="checkbox"/> Mental Health (e.g., Anxiety, Depression, etc.)	<input type="checkbox"/> MCI (Mild Cognitive Impairment)	<input type="checkbox"/> Other Amnesia (e.g., Other memory loss)
<input type="checkbox"/> ADHD	<input type="checkbox"/> Unspecified Dementia (e.g., Alzheimer's, Parkinson's, Vascular)	<input type="checkbox"/> Change in cognitive function or awareness (Altered mental status unspecified)
<input type="checkbox"/> Pre-Surgical Testing		
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> TBI (unspecified head injury)	<input type="checkbox"/> Degenerative disease or atrophy
<input type="checkbox"/> Other , Please Specify _____		

Patient: _____ DOB: _____

Ph. (H): _____ (C) _____

Address: _____

Patient Contact (if applicable): _____ Relationship _____

Ph. (H): _____ (C) _____

Primary Insurance: _____ Subscriber ID#: _____

Preauthorization #: 1-800 _____

Secondary Insurance: _____ Subscriber ID#: _____

Preauthorization #: 1-800 _____

Please send list of current medications including start/stop dates and dosages of all psychotropic and memory medications, as well as relevant medical records (e.g., MRI, neurological and/or neuropsychological records).