



Medical Clinic of North Texas  
NEUROLOGY

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# NEUROLOGY

Consultation     Referral

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Neurology

**Fort Worth**  
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Fort Worth, Texas 76104  
**(817) 336-7191**  
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## GENERAL INFORMATION

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Allergies: \_\_\_\_\_

Sex:  Male     Female

### FROM THE OFFICE OF:

Physician Name: \_\_\_\_\_

Practice Name/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

State Lic. #: \_\_\_\_\_ DEA #: \_\_\_\_\_

NPI #: \_\_\_\_\_

Nurse/Key Office Contact: \_\_\_\_\_

## STATEMENT OF MEDICAL NECESSITY

### Primary Diagnosis:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Altered Mental Status, 780.99 | <input type="checkbox"/> CVA, 436                                | <input type="checkbox"/> Parkinson's Disease, 332.0       |
| <input type="checkbox"/> Alzheimer's Disease, 331.0    | <input type="checkbox"/> Diabetic Neuropathy, 357.2              | <input type="checkbox"/> Peripheral Neuropathy, 356.9     |
| <input type="checkbox"/> Ataxia, Dyskinesias, 781.3    | <input type="checkbox"/> Essential Tremor, 333.1                 | <input type="checkbox"/> Restless Leg Syndrome, 333.99    |
| <input type="checkbox"/> Carotid Stenosis, 433.10      | <input type="checkbox"/> Gait Disturbance, 781.2                 | <input type="checkbox"/> Seizures Tonic/Clonic, 345.10    |
| <input type="checkbox"/> Carpal Tunnel Syndrome, 354.0 | <input type="checkbox"/> Headache, Vascular - Unspecified, 784.0 | <input type="checkbox"/> Seizures Complex Partial, 345.40 |
| <input type="checkbox"/> Cervical Strain, 847.0        | <input type="checkbox"/> Memory Loss, 780.93                     | <input type="checkbox"/> Syncope/Black out Spells, 780.2  |
| <input type="checkbox"/> CIDP, 357.81                  | <input type="checkbox"/> Migraine, 346.90                        | <input type="checkbox"/> TIA, 435.9                       |
| <input type="checkbox"/> Convulsive Disorder, 780.39   | <input type="checkbox"/> Multiple Sclerosis, 340                 | <input type="checkbox"/> Vertigo/Dizziness, 780.4         |

Other: \_\_\_\_\_

Please Attach a Copy of the Patient's Insurance Card, Pertinent/Last Visit Note, Labs and Imaging Studies.