

Community Hospital East
 Professional Building
 1400 N. Ritter Ave., Suite 231
 Indianapolis, IN 46219
 Ph. 317.355.7744
 Fax 317.355.8750

Hamilton Healthcare Campus
 9669 E. 146th St., Suite 250A
 Noblesville, IN 46060
 Ph. 317.621.4657
 Fax 317.355.8750

Community Physician Network, Beech Grove
 3850 S Emerson Ave., Suite C
 Indianapolis, IN 46203
 Ph. 317.887-7799
 Fax 317.355.8750

Patient Assessment Request Form

Doctor Requesting Consult: _____

Office Phone: _____ Fax Number: _____

Office Contact Name: _____

Areas of Concern: _____

Please complete this form and fax it along with the following information to 317-355-8750.

- Copy of insurance card
- Patient demographics
- CT/MRI of the head/brain
- Neuropsych testing

Please also fax the following medical records from past **12 months**:

- H&P Notes
- Labs
- Problems list
- Medications list

We will contact the patient or caregiver directly and schedule an appointment. As a courtesy, we will also notify your office of the appointment date and time.

Patient's Name: _____ DOB: _____
First Middle Initial Last

Home Phone: _____ Cell Phone: _____

Caregiver's Name: _____ Phone: _____

Relationship to Patient: _____

Preferred contact for initiating appointment: patient caregiver

DO NOT COMPLETE —Patient Appointment information		
Pre-visit Appt.	Date: _____	Time: _____
Appointment	Date: _____	Time: _____