

# REFERRAL FORM



## CHERRY CREEK NEUROLOGY



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**Thank you for your referral - what you can expect from us:**

- We will place a call to your patient within 1 business day to arrange an appointment.
- We will contact you once the appointment has been scheduled, with the date and time.
- You will receive confirmation of the visit, Office Notes, and copies of all Lab & Test results.
- If we are unable to reach your patient by the third call, we will contact you for further instructions.

### Patient Information:

**Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_

### Reason for Referral:

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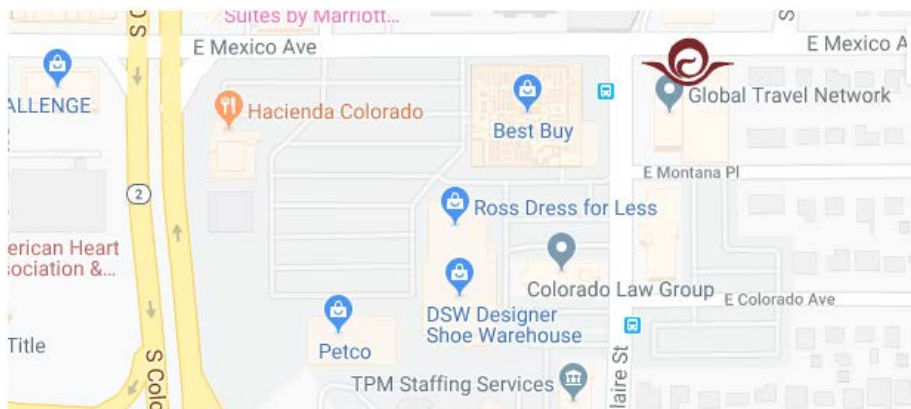
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**Evaluate and Treat**

**Please call the patient**

**Consultation Only**

**Patient will call Neurology**



**Directions:**

We are located just north of the intersection of I25 & Colorado Blvd, behind the BestBuy on S. Bellaire Street.

Free visitor parking in the lots at the front of the building or on the streets around the Tower.

Referral Form

Referring Office Information \*Items in bold are required. All else is appreciated.

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Referral Coordinator/Contact: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Are you the patient's Primary Care Provider?  Yes  No

Patient Information

Today's date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

Diagnosis/Reason for referral: \_\_\_\_\_

\_\_\_\_\_

Documents Included

The following documents may assist in diagnosis, treatment, and continuity of care: (please check those you are including)

Last 2 office notes

Letter of introduction

Labs

Tests/Imaging reports

Current medication list

Medications tried for headache treatment

Other

Notes: \_\_\_\_\_

\_\_\_\_\_

What you can expect:

- We will place a call to your patient within 2 business days to arrange an appointment.
- We will contact you once the appointment has been scheduled, with the date and time.
- You will receive confirmation of the visit, Office notes, and copies of all Lab & Test results.
- If, for whatever reason, we are unable to reach your patient by the third call, we will contact you for further instructions.

Thank you for your referral!  
We appreciate the opportunity to partner with you.