

**TwelveStone Health Partners**

**Fax Referral To: (615) 278-3355**

**Direct Phone: (844) 893-0012**

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**Medicare patients require a CMS National Patient Registry entry. If you would like for TwelveStone to complete the registry, please provide the following information:**

Date: \_\_\_\_\_ Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Clinical Diagnosis:** ☐ MCI due to AD ☐ Mild AD Dementia

Date of Diagnosis: \_\_\_\_\_

**ONE of the Tests Below Required to Confirm Amyloid Pathology:**

Amyloid PET Scan: ☐ Positive ☐ Negative ☐ Not Performed

Date of Amyloid PET Scan: \_\_\_\_\_

**OR**

CSF Test: ☐ Positive ☐ Negative ☐ Not Performed

Date of CSF Test: \_\_\_\_\_

**OR**

Name of Other Amyloid Test: \_\_\_\_\_

Result of Other Amyloid Test: ☐ Positive ☐ Negative

Date of Other Amyloid Test: \_\_\_\_\_

**ONE Cognitive Test Required:**

MoCA Score: \_\_\_\_\_

Name of Other Cognitive Test: \_\_\_\_\_

**OR**

Other Cognitive Test Score: \_\_\_\_\_

Date of MoCA Score or Other Cognitive Test: \_\_\_\_\_

**ONE Functional Test Required:**

FAQ Score: \_\_\_\_\_

Name of Other Functional Test: \_\_\_\_\_

**OR**

Other Functional Test Score: \_\_\_\_\_

Date of FAQ Score or Other Functional Test: \_\_\_\_\_

**ARIA:**

Is there evidence of significant ARIA-E? ☐ Yes ☐ No

Date of ARIA-E Test: \_\_\_\_\_

Is there evidence of significant ARIA-H? ☐ Yes ☐ No

Date of ARIA-H Test: \_\_\_\_\_