Mindspan

Patient referral

Board-certified neurologists for memory loss, Alzheimer's, and dementia

Fill out this pad and fax it to the clinic you are referring to. First visit typically within two to three weeks, with a structured note back in your chart after the visit. The patient stays your patient.

STEP 1 · CHOOSE A CLINIC AND FAX THIS FORM

☐ **MA – Danvers**

Secure fax **(844) 689-3306**
Phone **(978) 850-3914**

Mon–Fri, 9am–6pm ET · 99 Conifer Hill Drive, Danvers, MA 01923

☐ **CA – Bay Area**

Secure fax **(844) 689-7419**
Phone **(669) 291-2202**

Mon–Fri, 9am–6pm PT · 2520 Samaritan Dr, Suite 201B, San Jose, CA 95124

STEP 2 · REFERRING PROVIDER

Your name _____

Practice name _____

Direct phone _____

Email _____

STEP 3 · PATIENT YOU ARE REFERRING

Patient's name _____

Best phone for the patient or their caregiver _____

Anything we should know? (urgency, language preference, caregiver context)

_____

_____

What happens next: we call the patient within one business day to schedule, and you get a structured note back in your chart after the visit.

Please do not include MBI, full DOB, or clinical notes here. We capture those on a HIPAA-compliant intake call.

Prefer email or online? referrals@mindspan.co · mindspan.co/providers/refer · Covered by Medicare, Medicaid, and many health plans.