

PSYCHOLOGY / PSYCHIATRY CONSULT

**Comprehensive MedPsych Systems, Inc.
Professional Psychological Services
The Memory Clinic of Indianapolis**

102 North Meridian Street, Suite 375, Indianapolis, Indiana 46290

Patient Name: _____ Date of Birth: _____

Phone: (home) _____ (work) _____ (cell) _____

Referring Physician: _____

Contact Name: _____ Phone: _____

_____ **Testing** -- Neuropsychological / Psychological / Psychoeducational

_____ **Medication Management** -- Psychiatric evaluation/treatment

_____ **Counseling** -- Psychotherapy evaluation/treatment

Questions/Concerns to be Addressed

1. _____

2. _____

3. _____

Additional Comments

**Please fax this page, demographic sheet (including insurance information), and recent progress note to: CMPS/PPS:
(fax) 317-581-2295 (phone) 317-581-2288**