

# Life x Improve™ Order Form



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Indianapolis, IN 46202

Please complete and return by fax or email.

## Clinician Information

Clinician Name	
NPI( if available)	
Clinician Email	Office Contact Name
Office/Hospital Name	Address
City	State Zip
Phone	Fax

## Patient Information

Last Name	First Name, MI
Gender	DOB
Address	Apt.
City, State	Zip
Phone	Email

Please fill the following table:

		Yes, No, N/A, or write-in	Score (by MindX staff)
1	Relevant Clinical Diagnoses (write in)	Primary: Secondary:	
2	Receiving treatment for the disease?		
3	Did the patient score high recently on any clinical rating scale for the disease?		
4	Number of hospitalizations due to this disease (write in- if not known approximate or put N/A)		
5	Number of ER visits for this disease (write in- if not known approximate or put N/A)		
6	Patient is appropriately dressed and has good hygiene?		
7	Has a cognitive disease that can affect self-reporting? (schizophrenia, schizoaffective, dementias, ADHD, ASD)?		
8	Active addictions?		
9	Patient is on disability for the disease?		
10	Patient is in assisted living and/or has somebody manage their finances?		

We will send the Life x Improve link to the patient directly via email.

You will be notified once the test is taken by the patient.

The results are confidential, seen by the test-taker only, who can choose to share those results or not with people close to them or involved in their therapy or clinical care.

Clinician Signature (type name)	Date
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