



REFERRAL

CHECK REFERRAL SPECIALTY AND LOCATION

Neurology

- Grand Rapids
- Holland
- Fremont

616-267-7600
fax 616-957-4095

Neuropsychology

- Grand Rapids

Physical Medicine & Rehabilitation

- Grand Rapids

616-774-8345
fax 616-774-8350

Pain Management

- Grand Rapids

CHECK REFERRAL SPECIALTY AND LOCATION

Neurosurgery

- Grand Rapids
- Greenville
- Fremont
- Holland
- Reed City

616-267-7900
fax 616-267-7901

Psychiatric Services

- Grand Rapids

616-486-6496
fax 616-454-0061

Supportive Care

- Grand Rapids

616-486-2040
fax 616-486-6938

Date _____

PATIENT INFORMATION

Name _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Preferred contact phone _____ Alternate phone _____

Best time to call _____ E-Mail _____

INSURANCE

Primary insurance _____ ID _____ Group _____

Authorization number (if applicable) _____

Secondary insurance _____ ID _____ Group _____

PROVIDER

Referring Provider _____ Phone _____ Fax _____

Primary Care Provider _____ Phone _____ Fax _____



DIAGNOSIS _____

SIGNS AND SYMPTOMS _____

REFERRAL: (CHOOSE ONE) For Consultation only For Consultation and treatment To electromyography (EMG)

FOR NEUROSURGERY CONSULTATION ONLY: (CHOOSE ONE)

- Tumor Spine Epilepsy Pain Vascular Deep brain stimulation (DBS) Other _____

SCHEDULE REFERRAL: Routine Urgent If urgent, give reason _____

Has referrer spoken to our specialist? Yes No

TIME _____ **DATE** _____ Referring Physician signature _____

IF AVAILABLE, BELOW ARE THE RECORDS REQUIRED TO SCHEDULE THE APPOINTMENT. CHECK OFF ALL RECORDS AVAILABLE AND SEND THEM WITH YOUR REFERRAL

- Magnetic resonance imaging (MRI)
- Computer-assisted tomography (CT) scan
- Electroencephalography (EEG)
- Any prior Electromyography (EMG)
- Any prior neurological testing
- Lab work from last year
- Current medication list
- Emergency Room/Urgent Care documentation
- Notes pertaining to current condition (e.g., most recent History and Physical for diagnosis)

OFFICE USE ONLY

APPOINTMENT: Date _____ Time _____ Provider name _____

PATIENT HAS BEEN NOTIFIED OF APPOINTMENT. ALL APPOINTMENTS ARE SCHEDULED DIRECTLY WITH THE PATIENT.



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BARCODE ZONE

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