



REFERRAL

CHECK REFERRAL SPECIALTY AND LOCATION

Neurology

- Grand Rapids
- Holland
- Fremont
- Greenville

Neuropsychology

- Grand Rapids

Physical Medicine & Rehabilitation

- Grand Rapids

Pain Management

- Grand Rapids

Ortho/Neuro Spine Surgery

- Grand Rapids

616.267.7104
616.267.7600 (Referrals)
fax 616.267.7594

616.774.8345
fax 616.774.8350

CHECK REFERRAL SPECIALTY AND LOCATION

Neurosurgery

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

Neurovascular

- Grand Rapids

616.267.7900
fax 616.267.7901

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

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

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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