

## New Patient Referral Form

Today's Date: \_\_\_\_\_

Select a Doctor to see patient:

**NEUROLOGICAL & SPINE SURGEONS**

- 1st Available Provider       STAT / WITHIN 48 hrs  
 Peter Boehm, Jr., MD       Joseph Miller, MD  
 Michael Gallagher, MD       Prayash Patel, MD  
 Daniel Kueter, MD       David Wallace, MD

**PHYSICAL MEDICINE & REHAB INTERVENTIONAL SPINE**

- Paul Hoffmann, MD

(Please Circle)      MD / DO / DC / NP / PA

**Referring Provider:** \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(Please Circle)      MD / DO / DC / NP / PA

**PCP:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Patient Name:** First: \_\_\_\_\_ Mi: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ -(must complete to schedule)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Is Ins Authorization Needed?**

Name: \_\_\_\_\_ Yes  No

ID # \_\_\_\_\_ Auth # \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**ICD10 DX Code & Description:**

\_\_\_\_\_

\_\_\_\_\_

Please FAX all Relevant reports:

MRI X-Ray EMG NCS Labs Office Notes Ins Cards

**\*\*\*Please request patient's imaging be  
Pushed to Erlanger PACS System.**

**If not able, then patient will need to bring  
CD or actual films of imaging studies.**

**Patient History:**

Yes  No  Had Imaging? Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No  Previous brain or spine surgery? By Dr.: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No  Currently in pain management? By Dr.: \_\_\_\_\_

Yes  No  Accident?  Auto Accident  Workers Comp  Personal Accident / Third Party

**\* We will contact your patient to schedule appointment.**

**Office use only:**  ofc faxed  ins auth  new pt pw  scanned  pacs  appt msg