

# New Patient Referral Form

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

Select a Doctor to see patient:	
<input type="checkbox"/> 1st Available Provider	<input type="checkbox"/> STAT / WITHIN 48 hrs
<input type="checkbox"/> Peter Boehm, Jr., MD	<input type="checkbox"/> Joseph Miller, MD
<input type="checkbox"/> Michael Gallagher, MD	<input type="checkbox"/> Prayash Patel, MD
<input type="checkbox"/> Daniel Kueter, MD	<input type="checkbox"/> David Wallace, MD

(Please Circle) <u>MD / DO / DC / NP / PA</u>	
<b>Referring Provider:</b> _____	NPI: _____
Address: _____	
Contact Name: _____	Phone: _____ Fax: _____
(Please Circle) <u>MD / DO / DC / NP / PA</u>	
<b>PCP:</b> _____	Phone: _____
Address: _____	

<b>Patient Name:</b> First: _____ Mi: _____ Last: _____
DOB: _____ SS# _____ -(must complete to schedule)
Address: _____
Home Phone: _____ Cell Phone: _____

<b>Insurance:</b> Name: _____	<b>Is Insurance Authorization Needed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
ID # _____	Auth # _____
Policyholder Name: _____	DOB: _____

<b>ICD10 DX:</b>
primary Code: _____ Description: _____
2 <sup>nd</sup> Code: _____ Description: _____

Please FAX Relevant Reports: MRI CT X-Ray EMG NCS Labs Office Notes Insurance Cards  
**Request to have patient's imaging be Pushed to Erlanger Sectra Imaging System or Powershare**  
 If not able to push, then patient will need to bring CD of imaging studies.

<b>Patient History:</b>
Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Had Imaging?</u> Facility: _____ Date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Previous brain or spine surgery?</u> By Dr.: _____ Date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Currently in pain management?</u> By Dr.: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Accident?</u> <input type="checkbox"/> Auto Accident <input type="checkbox"/> Workers Comp <input type="checkbox"/> Personal Accident / Third Party

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