NEURO CONSULTATION REQUEST

BORGESS

FAX COMPLETED FORM TO (269) 343.9555.

Please include any test results to expedite referral process.

An appointment notification will be provided to you. We will also notify your patient of their appointment time and date.

☐ **Borgess Neurology**
1541 Gull Road, Suite 100
Kalamazoo, MI 49048
(269) 381.7380

Roger Gietzen, MD
Igor Kaps, MD
Fayyaz Mahmood, MD
Sugandhi Sridharan, MD

☐ **Borgess Spine**
3025 Gull Road
Kalamazoo, MI 49048
(269) 552.BACK (2225)

Yahya Bakdalieh, MD
David Brockman, MD
Joel Rojas, MD
Gene Yu, DO
Leighia Wells, DC
Ivan Hay, PT
Jessica Hay, PT
Travis Jager, PT
Cheryl Lang, PT
Ed Orloff, PT
Tom Saye, PT
Kristen Schoenborn, PT

☐ **Neurosurgery of Kalamazoo**
1541 Gull Road, Suite 200
Kalamazoo, MI 49048
(269) 343.4879 Referral line

Firas Al-Ali, MD
Hunter Brumblay, MD
Bruce Dall, MD
Richard Dirrenberger, MD
Sonia Eden, MD
Mark Krinock, MD
Mark Meyer, MD
Arvind Nehra, MD
Erin Freeman, PA-C
Todd Helgeson, PA-C
Beverly McGee, FNP-C
Connie Van Es, NP-C

Referring Physician		Today's Date
Contact Name	Phone	Fax

PATIENT INFORMATION

Patient Name (Last)	(First)	(M.I.)
Address		D.O.B.
City	State	ZIP
Home Phone	Work Phone	Cell Phone
Insurance	☐ *Please provide photocopy of front and back of card*	
Family Physician	☐ *Interpreter needed. Language spoken:*	

CLINICAL INFORMATION

Diagnosis for Referral		Duration of Symptoms
Neurological Deficits	Studies Location	Conservative Treatment
☐ Loss of Bowel / Bladder	☐ MRI _____	☐ PT
☐ Foot Drop	☐ CT Scans _____	☐ Injections
☐ Weakness	☐ EMG _____	☐ Pain Clinic
☐ Sensory Loss / Numbness	☐ X-Ray _____	☐ Chiropractic
	☐ Bone Scan _____	☐ Other
	☐ Other	

Thank you for your referral!

Submit Form