

NEUROLOGICAL INSTITUTE PHYSICIAN REFERRAL

Preferred methods of communication

Supply us with your patient's medical records in one of these ways:

Fax: 216.636.2596 Phone: 216.445.8455 Or mail to: Cleveland Clinic, T1-203 9500 Euclid Ave. Cleveland, OH 44195

Asterisk (*) indicates a required field needed to complete the referral request.

| Date | Type of Reservation 🗌 Regular | Urgent (as soon as possible) | | |
|---|--|--|--|-------------|
| Purpose Diagnosis | Surgery Other (specify) | , | | |
| Please Identify the Subspecialist to be Seen* | Behavioral Health/Psychiatry Brain Health/Dementia Brain Tumor/Neuro-Oncology Cerebrovascular Epilepsy | Headache & Facial Pain Movement Disorders Multiple Sclerosis Neuromuscular Pediatric Neurosciences | Physical Medicine & Rehabilitation Sleep Disorders Spine Health | |
| Reason for Referral (diagnosis or symptoms; DO NOT enter ICD codes here): | | | | |
| Are you requesting a specific provider? Yes No If yes, please indicate | | | | |
| Patient Name* | | | DOB | |
| Street Address | | City | State | Zip code |
| Patient Phone* | | | | |
| | | Subscriber Name: ID#: | Group#: | |
| Please send copies of insurance cards for verification purposes | | | | |
| Referring Physician* | | | Phone* | |
| Referring Physician Preferred Fax # | | Referring Physician Practice Name | | |
| Past Test Results and Visit Notes Related to this Referral (if available, please check and submit the records) | Angiogram CT CTA Echo EEG EKG EKG HSAT | Ictal SPECT MEG MRI PET PSG Rhythm monitoring Ultrasound | Significant labs: lipid panel, HbA1c, hypercoag panels, LP studies Neurological office visit notes (including H&P) Previous neurosurgical records (if referral is to surgery) Hospital discharge summary Other | |