Brain & Spine Specialists
Neurological Associates, Inc.

3-STEP REFERRAL PROCESS:
1) *Complete this referral form*
2) *Fax the form, radiology/testing reports, doctor's notes and insurance card to* ***(304) 343-0979***
3) *We will notify the patient and your office with appointment date and time.*
(or)
For urgent appointment needs, call our appointments department at ***(304) 720-2284*** *or our main line at* ***(304) 344-3551***

Requesting: ☐ **Emergency work-in** or ☐ **Next available**
☐ **Charleston Office** ☐ **Teays Valley Office**

☐ **Dr. Christiano** ☐ **Dr. Crow** ☐ **Dr. Orphanos** ☐ **Dr. Shuff** ☐ **Dr. Schmidt** ☐ **Dr. Walker**
****All of our physicians perform spine surgery****

PATIENT INFORMATION (**Email Address**: _____)

First Name: _____ M.I. _____ Last Name: _____

Male/Female DOB: _____/_____/_____ SSN#: _____-_____-_____ Marital Status: **S M Other**

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone:_____ Work Phone:_____ Cellular/Pager:_____

CONSULTATION INFORMATION

Requesting Physician's Name: _____ Date of Last Visit: _____

Physician Phone #: _____Fax #: _____Contact Person:_____

Reason for Consult: _____

TESTING: **(Please remind patient to bring radiology films or a CD containing films to their appointment.)**

☐ MRI - Date Completed: _____ ☐ CT Scan - Date Completed: _____

☐ EMG/NCS - Date Completed: _____ ☐ X-ray – Date Completed:_____

☐ Other Testing: _____ ☐ NONE

Has patient had PREVIOUS NEUROSURGERY, SPINE, DISC OR BRAIN SURGERY?

(If yes): When? _____ By Whom? _____ (Please include prior surgery notes.)

INSURANCE INFORMATION ***(Please, fax a copy of the patients insurance card(s).)***

Insurance: _____ or Self pay: _____

Is the patient in a Managed Care Plan? ____Yes ____No Name of PCP on Card:_____

Authorization #: _____ Number of Visits: _____

WV Workman's Compensation:

WC Claim ID #: _____ Case Manager: _____

DOI (COMP): _____ Authorization #: _____(Please send copy)

MVA and Litigation Cases

Insurance Co./Attorney's Name: _____ Date of Accident(Auto/Other): _____

Thank you for your referral, we look forward to providing quality care to your patient.