

# NEURO CONSULTATION REQUEST

Fax completed referral information 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 200  
Kalamazoo, MI 49048  
269.381.7380

*John C. Collins, MD*  
*Igor Kaps, MD*  
*Fayyaz Mahmood, MD*  
*Gerald Robbins, DO*  
*Sugandhi Sridharan, MD*

**Borgess Spine**  
3025 Gull Road  
Kalamazoo, MI 49048  
269.552.BACK (2225)

*David Brockman, MD*  
*Joel Rojas, MD*  
*Gene Yu, DO*  
*Leighia Wells, DC*

**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*  
*Saje Davis-Risen, PA-C*  
*Todd Helgeson, PA-C*  
*Abby Rogers, PA-C*  
*Connie Van Es, NP-C*

Referring Physician		Today's Date
Contact Name	Phone	Fax

**PATIENT INFORMATION**

Patient Name (Last)		(First)	
Address			D.O.B.
City	State	ZIP	SS# XXX - XX -
Home Phone	Work Phone		Cell Phone
Insurance <input type="checkbox"/> Please provide photocopy of front and back of card			

Family Physician

**CLINICAL INFORMATION**

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

**Thank you for your referral!**