

Patient information:

Patient Name _____ Date _____
 Address _____ City _____ State _____ Zip code _____
 Main Phone # _____ Alternate phone # _____
 Social Security Number _____ Birth Date _____
 Male Female Language _____ Interpreter Yes No Special needs _____

Referring Physician information:
 Check if Referring Physician is a Neurologist

Physician's Printed Name _____ Physician Signature _____
 Office Phone # _____ Fax # _____ Form completed by _____

Reason for Referral _____

Diagnosis Code _____ **If BWC – Allowed Diagnosis Code** _____

 Evaluate and Treat Routine Urgent

Insurance Information: SEND COPY OF INSURANCE CARD (FRONT AND BACK) AND ANY RELATED PATIENT RECORDS / REPORTS

Insurance Company _____ Referral / Authorization/ Claim # _____ Self Pay

 Prefer 1st physician available? Yes No

Fax: (614) 533-0103 Phone: (614) 533-5500

- | | |
|--|---|
| <input type="checkbox"/> General Neurology | <input type="checkbox"/> Movement Disorders |
| <input type="checkbox"/> ALS | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Neurocognitive |
| <input type="checkbox"/> EMG/NCS | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Neuromuscular |
| <input type="checkbox"/> Huntington's | <input type="checkbox"/> Spasticity |

For Neuro Oncology, please use Medical Oncology referral form to make referral

Appointments will be scheduled based on diagnosis, location, and provider availability. If you have a preferred physician, please write in below.

Office Locations
Services offered vary by location

- Athens** – 65 Hospital Dr, Cornwell Center Athens 45701
- Circleville** – 600 N. Pickaway St, Suite 200 Circleville 43113
- Columbus** – 1480 W Lane Ave Columbus 43221
- Delaware** - 801 OhioHealth Blvd, Suite 210 Delaware 43015
- Doctors** – 5131 Beacon Hill Rd, Suite 110-C Columbus 43228
- Dublin** – 6905 Hospital Dr, Suite 200A Dublin 43016
- Gerlach** – 785 McConnell Dr, Suite 100 Columbus 43214
- Grant** – 285 E. State St, Suite 430 Columbus 43215
- Grove City** – 2030 Stringtown Rd, Suite 200 Grove City 43123
- Hardin** – 921 E. Franklin St, Kenton 43326
- Hilliard** – 4343 All Seasons Dr, Suite 250 Hilliard 43026
- Mansfield** - 335 Glessner Ave, 2nd Flr Mansfield 44903
- Marion** - 990 S Prospect St, Suite 2 Marion 43302
- Marysville** – 10190 US Hwy 42, Suite 210A Marysville 43040
- Morrow** – 651 W. Marion Rd Mt Gilead 43338
- New Albany** – 5150 E Dublin Granville Rd Columbus 43081
- Pickerington** – 1030 Refugee Rd, Suite 275 Pickerington 43147
- Riverside 1**– 3555 Olentangy River Rd, Suite 2002 Columbus 43214
- Riverside 2** – 3535 Olentangy River Rd, Suite S1501 Columbus 43214
- Westerville** – 300 Polaris Pkwy, Suite 210 Westerville 43082

Please send related patient records/reports and insurance information with referral to prevent any delays in review/scheduling