

PATIENT SCHEDULING/REFERRAL FORM

**OhioHealth Physician Group
Neurology**

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 Consultation 2nd opinion/Consult EEG EMG/NCS 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 Notify patient of appointment Notify Physician office of appointment

PLEASE COMPLETE BOX A, B OR C TO DESIGNATE YOUR APPOINTMENT PREFERENCE

<p>A Fax: (614) 533-0103 Phone: (614) 533-5500</p> <p>Deeksha Agrawal MD <input type="checkbox"/> Hilliard Erick Arce MD <input type="checkbox"/> Columbus Adel Aziz MD Jason Barfield MD <input type="checkbox"/> Pickerington <input type="checkbox"/> New Albany Bryan Berger MD <input type="checkbox"/> Riverside 1 <input type="checkbox"/> Circleville 1 Jason Bisping MD <input type="checkbox"/> Riverside 1 Denise Cambier MD <input type="checkbox"/> Delaware William Carroll MD <input type="checkbox"/> Grant <input type="checkbox"/> Westerville Geoffrey Eubank MD <input type="checkbox"/> Columbus <input type="checkbox"/> Riverside 2 Mohamed Hamza MD <input type="checkbox"/> Riverside 3 Angela Hardwick MD David Hinkle MD <input type="checkbox"/> Riverside 2 Amy Jarosz DO <input type="checkbox"/> Hilliard Emily Klatte MD <input type="checkbox"/> Riverside 1 Jaclyn Laine DO <input type="checkbox"/> Columbus <input type="checkbox"/> Athens 1 Andrea Malone DO <input type="checkbox"/> Hilliard <input type="checkbox"/> Riverside 2 William Mayr MD <input type="checkbox"/> Columbus Obinna Moneme MD <input type="checkbox"/> Columbus <input type="checkbox"/> Circleville 2 Jacqueline Nicholas MD <input type="checkbox"/> Riverside 2 <input type="checkbox"/> Delaware <input type="checkbox"/> Pickerington John Novak MD <input type="checkbox"/> Grant <input type="checkbox"/> Powell <input type="checkbox"/> Westerville Shnehal Patel MD <input type="checkbox"/> Grove City <input type="checkbox"/> Riverside 2 Alex Perchuk MD <input type="checkbox"/> Marion Halina Pritula MD <input type="checkbox"/> Marion Timothy Rust MD <input type="checkbox"/> Columbus Sumaiya Salim MD <input type="checkbox"/> Marion Bassel Shneker MD <input type="checkbox"/> Pickerington Steven Simensky MD <input type="checkbox"/> Grant <input type="checkbox"/> Westerville Brien Smith, MD <input type="checkbox"/> Riverside 1 Daniel Smith MD <input type="checkbox"/> Riverside 2 <input type="checkbox"/> Grant <input type="checkbox"/> Pickerington Adam Ueberroth MD <input type="checkbox"/> Columbus Snigdha Weinberg MD <input type="checkbox"/> Grove City Douglas Woo MD <input type="checkbox"/> Athens 2 Xiao-Song Zhao MD <input type="checkbox"/> Dublin Gubert Tan MD <input type="checkbox"/> Mansfield</p> <p style="text-align: center;">Fax (567) 241-7719 Phone (567) 241-7700</p>	<p>B Specialty Referral: Schedule based on specialty Fax: (614) 533-0103 Phone: (614) 533-5500</p> <p><input type="checkbox"/> General Neurology <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> ALS <input type="checkbox"/> Neuro Oncology <input type="checkbox"/> Botox <input type="checkbox"/> Sports Concussions <input type="checkbox"/> Movement Disorders <input type="checkbox"/> Stroke <input type="checkbox"/> Epilepsy</p>
<p>C Neuropsychology Fax (614) 533-0175 Phone (614) 788-2490</p> <p>Jeffrey Madden PhD <input type="checkbox"/> Columbus Scott Magnuson PsyD <input type="checkbox"/> Columbus Kristie Nies PhD <input type="checkbox"/> Columbus Julie Simensky PhD <input type="checkbox"/> Columbus</p> <p>Athens 1 – 75 Hospital Dr, Suite 230 Athens 45701 Athens 2 – 65 Hospital Dr, Cornwell Center Athens 45701 Circleville 1 – 600 N. Pickaway St, Suite 102 Circleville 43113 Circleville 2 – 600 N. Pickaway St, Suite 200 Circleville 43113 Columbus – 931 Chatham Ln Columbus 43221 Delaware - 801 OhioHealth Blvd, Suite 210 Delaware 43015 Dublin – 6905 Hospital Dr, Suite 200A Dublin 43016 Grant – 285 E. State St, Suite 430 Columbus 43215 Grove City – 4191 Kelnor Dr, Suite 200 Grove City 43123 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 New Albany – 5868 N. Hamilton Rd, Suite 200 Columbus 43230 Pickerington – 1030 Refugee Rd, Suite 275 Pickerington 43147 Powell – 4141 N. Hampton Dr Powell 43065 Riverside 1– 3555 Olentangy River Rd, Suite 2002 Columbus 43214 Riverside 2 – 3535 Olentangy River Rd, Suite S1501 Columbus 43214 Riverside 3 – 500 Thomas Ln, Suite 2E Columbus 43214 Westerville – 300 Polaris Pkwy, Suite 2350 Westerville 43082</p>	

ONP Use only: Patient declined appointment Unable to contact patient

Appointment Date: _____ Time: _____ Physician: _____ Initials: _____ 8/23/19