

# Referral to Gundersen Health System Neurosciences

**Fax this completed form to Neurosciences Schedulers Fax (608) 775-5263**

**Records must accompany this referral.** Please include documentation, such as: imaging report; copies of images sent via PACS or CD; last notes pertaining to referral reason; lab results; current medications; allergies; etc.

**Fax Medical records to Health Information Management/Medical Records (608) 775-4706**

## Patient information

Patient name: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance name: \_\_\_\_\_

(please include copy of front and back of insurance card):

## Referring provider information

Referring provider name/address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Patient's PCP name/address: \_\_\_\_\_

## Appointment request

Reason for referral and outcome you are requesting: \_\_\_\_\_

### Referral to (department):

- Pain Medicine  
(Imaging and Imaging reports required)
- Pediatric Physical Medicine and Rehabilitation
- Physical Medicine and Rehabilitation
- Neuropsychology (Please include Behavior Medicine notes if applicable)

- Neurosurgery (imaging and imaging reports within the last 12 months required)  
Please check how Imaging will be shared with Gundersen Health System
  - Already within Gundersen Health System
  - EPIC Care Everywhere
  - Will be sent from referring facility (including reports)
  - Patient will provide CD
  - No Imaging available (appointment with PA or NP)