



Neurology Referral Request

McLaren Northern Neurology
560 W. Mitchell St., Suite 125
Petoskey, MI 49770
(p) 231-487-3182 (f) 231-487-5069

Roger Gietzen, MD
Colin Knipper, PA-C

Date: _____

Patient Name: _____ DOB: ____/____/____

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

Contact Phone: Home (____) _____ Cell (____) _____

Referring Physician: _____ Phone:(____) _____ Fax (____) _____

Primary Care Physician: _____ Phone:(____) _____ Fax (____) _____

Work Comp? Yes No Auto Accident? Yes No
(If yes to either, must have Open Claims Letter stating date of injury)

Insurance Authorization Required? Yes No
(Most common are: BCN, VACCN, Priority Health Medicaid. Please call patients plan to verify)

Required for scheduling, please send with referral:

- Most recent office visit note pertaining to the referral
- Recent ED/Hospital notes pertaining to referral, if applicable
- Any available previous brain imaging
- Any available previous Neurology notes (this is not required, but helpful)
- Patient histories including medications and allergies
- Demographics and insurance cards