Referral to Emplify Health by Gundersen 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)

emplify HEALTH by Gundersen

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(608) 775-9000 | Neurosciences Fax number: (608) 775-5263