American Health Network | *spinal therapeutics & diagnostics*

# Referral form

**Neal E. Coleman, MD**
**Andrew T. Trobridge, MD**

Thank you for referring your patient to us. We appreciate your trust and confidence in us.

Please fill out this form in full. We need all the information below at the time of referral.
This will help us serve your patient in the most thorough and efficient way.

Patient's name: ______________________ Referral date: ____________

Referring physician: ______________________ Patient's PCP: ____________

Referring physician phone: ______________________ fax: ____________

Patient's diagnosis: ______________________

Patient's address: ______________________
*(Street Name)* *(City)* *(State)* *(Zip)*

Patient's phone: ______________________ Date of birth: ____________

Last opioid Rx written: ______________________

Last MRI Date: ____________ Body part scanned: ____________

Location of scan: ☐ **BMH** Imaging Center ☐ BCH ☐ CIO ☐ JCH ☐ Open MRI ☐ Other: ____________

**Please provide copies of last 2 years of X-rays/MRIs.**

Injection needed: ☐ Yes ☐ No Evaluation for: ☐ SCS ☐ Pump

☐ **Check if patient needs to be seen urgently in 24–48 hours.**

Health insurance information: ______________________

Member name: ______________________ Member ID: ____________

Medicare number: ____________ Medicaid number: ____________

Workers' compensation: ☐ Yes ☐ No

Caseworker name: ______________________ Caseworker phone : ____________

**Additional information needed: (Please attach to this form when sending information for this referral)**

* **Medication history in last year.**
* H & P/Last physician assessment/Last three physician's notes and/or office visits.

Name and phone of someone we can contact at your office if we need more information:

______________________

Please fax all of the above information to the appropriate office and fax number listed below.

| 3570 N Briarwood Ln. | 4725 Statesmen Dr., Suite A | 2451 Intelliplex Dr., Suite 250 |
|---|---|---|
| Muncie, IN 47304 | Indianapolis, IN 46250 | Shelbyville, IN 46176 |
| Fax: 1.765.213.6373 | Fax: 1.765.213.6373 | Fax: 1.317.398.1817 |