

Referral to Gundersen Health System Neurosciences

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

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

Patient information

Patient name: _____

Patient address: _____

Date of birth: _____ Gender: _____

Phone number: _____ Cell phone number: _____

Email: _____

Insurance information: (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: _____

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. PLEASE FAX RECORDS TO FAX 608-775-4706



Gundersen Lutheran Medical Center, Inc | Gundersen Clinic, Ltd
1900 South Avenue | La Crosse, WI 54601 Mailstop:EB3-001
(608) 775-9000 | Neurosciences Fax number: (608) 775-5263



Referral to Gundersen Health System Neurosciences

Referral to (department):

Pain Medicine (imaging and imaging reports required)

Physical Medicine and Rehabilitation

Ultrasound guided injection

Body part: _____

Laterality: _____

Neurosurgery (imaging/imaging reports within the last 12 months required)

If no imaging, appointment will be scheduled with PA-C or NP.

Neuropsychology (please include Behavior Medicine notes if applicable)

Neurology

Neuromuscular Headache Multiple Sclerosis Movement Disorder Epilepsy

General Neurology (please specify): _____

Memory Clinic

Please include recent B12, TSH, Creatinine, EKG (within last year)

Please include MoCA (if available)

Patient under age 75: MRI head without contrast within the last year

Patient age 75 or older: CT scan of head within the last year



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