

REQUEST FOR CONSULTATION



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Neurology/Critical Care Medicine

Phone: 912.927.6270 Fax: 912.927.6254

- 11700 Mercy Blvd., Plaza D, Bldg. 5, Savannah, GA 31419
- 105 Grand Central Blvd., Ste. 108, Pooler, GA 31322
- 601 E. General Stewart Way, Hinesville, GA 31313
- 12-B Arley Way, Ste. 101 Bluffton, SC 29910

Please complete this form and fax it back to **912-927-6899**. Be sure to include the patient's medical record information, images, labs and insurance card.

We appreciate your referral!

- STAT (Physician to Physician Contact Required) Urgent (2-5 days) Routine (next available)

PATIENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

DOB / / _____

Patient's Phone () _____

Alternate Phone () _____

Email _____

PRIMARY INSURANCE

Policy Name _____

Policy Holder's Name _____

Policy # _____

SECONDARY INSURANCE

Policy Name _____

Policy Holder's Name _____

Policy # _____

REFERRING PHYSICIAN INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Referral Office Contact _____

Referring Physician's NPI _____

Phone () _____

Fax () _____

Please answer the following:

Is this visit related to a Motor Vehicle Accident or Worker's Comp Injury? YES NO

Has the patient seen a Neurologist in the past? YES No If yes, who? _____

REASON FOR CONSULTATION

- Stroke
- Epilepsy
- Dementia
- Neuropathy
- Traumatic Brain Injury
- Sports Concussion
- Other _____
- Headache/Migraines

MIGRAINES QUESTIONNAIRE

Past treatment for migraines? Yes _____ No _____

Where did you get treatment? _____

Physician Name: _____

What type of treatment? _____

Treatment started (date) _____ Treatment ended (date) _____

INTEROFFICE USE:

Date of Appt. _____

Appt. Time _____ AM/PM

Location _____

Scheduled by _____

Date Scheduled _____

MD Office Appointment Confirmed Yes No

Completed by _____

New Patient information packet mailed or patient agreed to complete online? Yes No

Completed by _____