

Thank you for your referral to UK Neurosurgery. We will review your patient's records and contact you as quickly as possible. Please provide us with the clinical and demographic information we need for review. **The Department of Neurosurgery requires that all new patients have had imaging (MRI or CT only) in the past six months which demonstrates an abnormality.** Please fax recent office notes, history and physical, relevant radiologic study reports, copy of the patient's insurance card, and this form to the appropriate number listed at the bottom of the page. If you have any questions, please contact our offices directly. Referrals will be denied if all of this information is not received (exception: movement disorders).
***Please note, physician requested may not be the physician who sees the patient. This is based on urgency and each physician's specialty.

Patient Information

Name: _____ Date of Birth: _____
 SSN: _____ Phone #: _____
 Address: _____ 2nd Phone #: _____

Diagnosis: _____
 This information is required to ensure the patient is scheduled with the proper physician.

Insurance Information

Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____	<p align="center">Workers's Compensation Information, if applicable</p> Name: _____ Claim #: _____ Adjuster: _____ Phone #: _____ Fax #: _____ Accident Date: _____
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Referring Physician Information

Name: _____
 Address: _____

 NPI: _____
 Phone #: _____
 Fax #: _____
 Contact: _____
 Please List Name and Direct Contact Phone Number

Primary Care Physician Information

Name: _____
 Address: _____

 NPI: _____
 Phone #: _____
 Fax #: _____
 Contact: _____

Patient Pharmacy: _____ **Phone #:** _____
Patient's Allergies _____

List of Medications (including dosage): _____

Smoking History: _____ **Alcohol Use:** _____
 Has the patient had past treatment for Pain Management? Y N Has the patient had past physical therapy? Y N

Referral To:	Fax Number:	Phone Number:
_____ Phillip Tibbs, MD Professor and Chairman	859-323-6343	859-323-6597
_____ Thomas Pittman, MD Professor	859-257-1532	859-323-8986
_____ Craig van Horne, MD Associate Professor	859-257-8902	859-323-1334
_____ Justin Fraser, MD Assistant Professor	859-257-8902	859-257-5009
_____ Greg Wheeler, MD Assistant Professor	859-323-6343	859-257-5009
_____ Raul Vasquez, MD Assistant Professor	859-323-6343	859-323-6597
_____ Stephen Grupke, MD Assistant Professor	859-257-8902	859-257-5009
_____ Brandon Miller, MD Assistant Professor	859-257-8902	859-323-5928
_____ First Available	859-257-8902	859-257-5009