Lansing Neurosurgery
A DIVISION OF COMPASS HEALTH

1575 RAMBLEWOOD DRIVE
EAST LANSING, MI 48823
517 827-1800 (P)
517 827-1805 (F)

REFERRAL FORM

Patient Demographics

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Soc. Sec. #: _____

Phone: _____ Work Phone: _____

Interpreter Required: Yes ☐ No ☐ Language: _____

Reason for Referral: _____

Referring Physician: _____

Contact Person: _____

Telephone: _____ Fax: _____

Requested Physician: _____ ☐ First Available

Location: ☐ Carson City ☐ Charlotte ☐ Eaton Rapids ☐ Ionia ☐ Lansing

All relevant medical records within last 6 months must be included, i.e. visit notes, reports, X-Ray, CT and MRI. CD Imaging of MRI required at appointment.

Insurance Information

Is this Auto or W/C Related: Yes ☐ No ☐ If yes, please provide claim information

Primary: _____ Phone: _____
If no insurance please indicate N/A

Contract/Policy/ID/Claim#: _____ Group # _____

Name of Policy Holder: _____ Policy Holder DOB: _____

Relation to Policy Holder: Self ☐ Spouse ☐ Child ☐

Secondary: _____ Phone: _____

Contract/Policy/ID/Claim#: _____ Group # _____

Name of Policy Holder: _____ Policy Holder DOB: _____
Relation to Policy Holder: Self ☐ Spouse ☐ Child ☐

Please allow 48 hours for processing – patient will be contacted for appointment.

Neurological Surgery

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