New Patient Referral Form
Ferraro Brain and Spine, PLLC
2600 Network Blvd. Suite 520, Frisco, TX 75034
Phone: (972) 928-7070 | Fax: (972) 385-8893 | Email: referrals@ferrarobrainandspine.com

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Referring Physician Information

- **Physician Name:** _____
- **Practice Name:** _____
- **Office Phone:** _____
- **Office Fax:** _____
- **Office Address:** _____
- **Email:** _____

Patient Information

- **Patient Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Alternate Phone:** _____
- **Email Address:** _____
- **Primary Insurance Provider:** _____
- **Policy Number:** _____
- **Group Number:** _____

Reason for Referral

☐ Spine Evaluation

- Patient's Diagnosis (ICD-10), if known: _____
- Symptoms
  - ☐ Neck Pain
  - ☐ Back Pain
  - ☐ Arm/Leg Pain
  - ☐ Numbness/Tingling
  - ☐ Weakness
  - ☐ Balance Problems/Falls
  - ☐ Bowel/Bladder

☐ Brain Evaluation

- Patient's Diagnosis (ICD-10), if known: _____
- Symptoms
  - ☐ Headaches
  - ☐ Nausea/Vomiting
  - ☐ Seizures
  - ☐ Blurry Vision/Vision Changes
  - ☐ Speaking Difficulties
  - ☐ Weakness
  - ☐ Numbness/Tingling
  - ☐ Facial Pain
  - ☐ Balance Problems/Falls
  - ☐ Urinary Incontinence

☐ Second Opinion

- Patient's Diagnosis (ICD-10), if known: _____

☐ Other (please specify): _____

Imaging Completed:

☐ X-Ray
☐ MRI
☐ CT Scan
☐ None
☐ Other: _____

Has imaging been sent to our office?

☐ Yes (via ☐ CD ☐ Film ☐ Digital Transfer)
☐ No

Additional Notes or Requests

FERRARO
BRAIN AND SPINE

Referral Submission

☐ Fax this form and any relevant patient records to: **(972) 385-8893**
☐ Email this form and records to: **referrals@ferrarobrainandspine.com**

If urgent, please call us at **(972) 928-7070**.

Thank you for referring your patient to Ferraro Brain and Spine!!

Scan me for an electronic, fillable pdf version.