



CHICAGO NEUROSCIENCE INSTITUTE, LTD.

Director: David H. Durrant, DC, PhD, FACSP

HEALTHCARE PROVIDER REFERRAL FORM

1. PATIENT INFORMATION

Name: _____ DOB: _____

Mobile Phone: _____ Work Phone: _____

2. DIAGNOSIS/REASONS FOR REFERRAL

A. Signs/Symptoms

Intermittent	Persistent	Progressive	(please specify for each category)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Weakness (Paresis)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Loss (Atrophy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dysesthesia/Paresthesia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranial Nerve Dysfunction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Walking (Gait)

B. Other Clinical Indications for Referral: _____

C. Conditions/Diagnosis 1) _____
2) _____
3) _____
4) _____

3. REFERRAL

Diagnostic Consultation

Referral for neurodiagnostic consultation will include history, physical examination, review of available outside records and additional diagnostic procedures, which may be medically necessary. Referral for neurodiagnostic consultation also includes consideration for diagnostic follow-up.

Evaluation and consideration for Treatment

Referral for evaluation and consideration for specialized care. CNI accepts a limited number of patients for specialized care.

4. APPOINTMENT

- Your appointment at CNI has been scheduled for _____ at _____ AM/PM.
- Call CNI to schedule an appointment at (847) 888-1811.

5. AUTHORIZATION

Physician Signature: _____ Patient Signature: _____



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PATIENT DIRECTIVES

1. Bring this script to your initial visit. Go to CNI Website to access instructions for new Patients.
2. Please arrive to your initial scheduled appointment 15 minutes early to complete paperwork.
3. Please bring all pertinent insurance information to your initial visit.
4. If possible, please bring copies of previous diagnostic studies/findings relevant to your current condition(s).
Relevant diagnostic studies which may often include lab work EMG/nerve conduction studies, X-rays, CT scan, myelogram findings, MRI, nerve biopsy results, and spinal fluid tap assessment results.
5. Provide a written list of current medications and nutritional supplements you are taking.

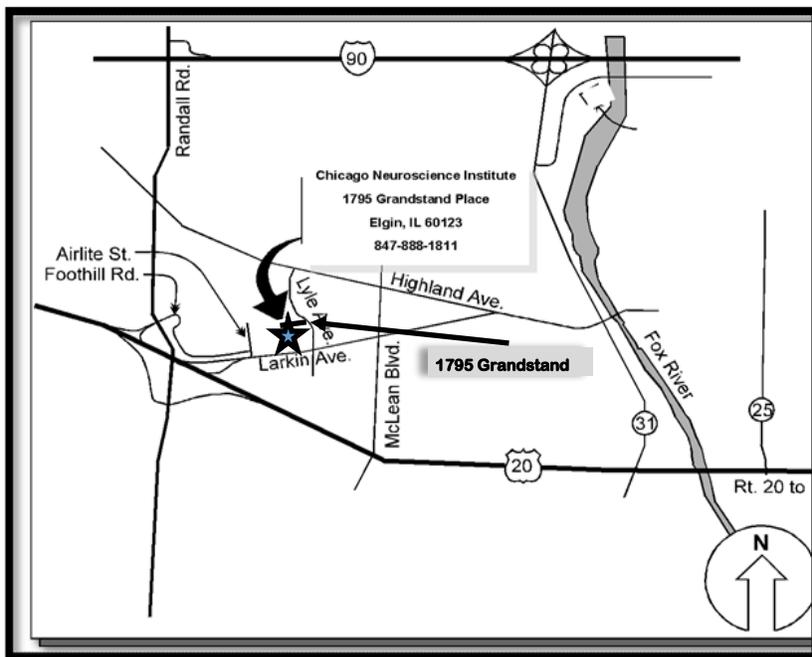
GENERAL INFORMATION

For additional information about the Chicago Neuroscience Institute you may go to the CNI website at www.ChicagoNeuroscience.com. If you have any questions, please contact the CNI Staff at (847)888-1811.

FINDING THE FACILITY

For detailed directions to our facility, you may go to the Chicago Neuroscience Institute website at www.ChicagoNeuroscience.com, Map Quest at www.mapquest.com, or use the QR code provided below.

Below is a local map with directions to the Chicago Neuroscience Institute:



Google Maps

1795 Grandstand Place, Elgin, Illinois 60123
Phone: (847) 888-1811 | Fax: (847) 888-1868
www.ChicagoNeuroscience.com