

#### **U-M NEUROSURGERY CONSULT FORM**

Phone: (734) 936-7010

Yamaan Saadeh, MD (brachial plexus and peripheral nerve only)

ALL NEW PATIENT REFERRAL PACKETS REQUIRE A COPY OF THE PATIENT'S INSURANCE CARD AND PHOTO ID, AND INSURANCE AUTHORIZATION IF PATIENT'S INSURANCE IS OUT OF NETWORK WITH THE UNIVERSITY OF MICHIGAN.

#### **Mailing Address**

**U-M** Neurosurgery 1500 E. Medical Center Drive SPC 5338

☐ Karin M. Muraszko, MD

Fax: (734) 647-9233 Ann Arbor MI 48109

7 HIII 7 HOOI, 1VII 10107			
Attn: Neurosurgery Contact Center			
· ·	010	d submit the required new patient informs above. Please call (734) 936-7010 with	
Today's Date:			
Patient Demographics			
Patient's Last Name:			
Patient's Last Name:  First Name:  Legal Gender:  Male  Female  Date of Birth:  Mailing Address:			
	State:	Zip:	
Primary Phone Number:Email Address:			
Type of Visit: ☐ New Patient ☐ Ret	urn Visit Pat	tient Type:   Pediatric   Adult	
Neurosurgeon Requested	(Refer to pages 4-10 for No	eurosurgeon sub-specialties - check only	y one
Adult			
☐ Wajd N. Al-Holou, MD	☐ Jacob R. Joseph, MD	☐ Nicholas Szerlip, MD	
☐ David Altshuler, MD, MS	☐ Emily Levin, MD	☐ B. Gregory Thompson, M	D
☐ Kevin Chen, MD	☐ Aditya S. Pandey, MD		
☐ Jason A. Heth, MD	☐ Yamaan Saadeh, MD		
☐ Todd Hollon, MD	$\square$ Oren Sagher, MD		
Pediatric			
☐ Hugh J. L. Garton, MD. MHSc	☐ Suresh Magge, MD	□ Neena I. Marupudi. MD.	MS

#### Diagnosis/Reason for Referral (Subspeciality and Diagnosis) **Spine** ☐ Cervicothoracic stenosis/myelopathy ☐ Spinal/spinal cord tumors ☐ Degenerative spine disorders/disc herniation ☐ Spondylolisthesis/pars defect ☐ Lumbar stenosis ☐ Traumatic spinal injury ☐ Scoliosis **Traumatic Brain Injury** ☐ Neurosport/concussion ☐ Traumatic brain injury Adult and Pediatric Brachial Plexus/Peripheral Nerve Injury ☐ Brachial plexus injuries ☐ Nerve tumors ☐ Nerve entrapment syndromes ☐ Peripheral nerve pain disorders Neurovascular ☐ Arteriovenus malformations of brain/spinal cord ☐ Cerebral aneurysms ☐ Carotid disorders ☐ Stroke ☐ Cavernous/Venous malformations of the CNS **Brain Tumor** ☐ Acoustic neuromas sinonasal undifferentiated carcinoma ☐ Cerebrospinal fluid leaks ☐ Pituitary tumor ☐ Metastatic brain tumor ☐ Primary brain/spinal tumor/glioma/glioblastoma ☐ Nasal/sinus tumors and cancers including ☐ Unspecified brain mass/lesion carcinoma, melanoma, esthesioneuroblastoma, and **Functional Neurosurgery** ☐ Epilepsy ☐ Psychosurgery/Depression Movement disorders/Parkinson's Disease/ ☐ Spasticity ☐ Trigeminal neuralgia and facial pain **Essential Tremor** ☐ Pain neuromodulation **Pediatric Conditions** ☐ Chiari malformations and syringomyelia ☐ Pediatric head/spinal cord injury ☐ Congenital anomalies of the brain/spinal cord ☐ Spina bifida and myelomeningocele (including ☐ Craniofacial program in utero closure) ☐ Hydrocephalus ☐ Surgical therapy for spasticity ☐ Medically refractory epilepsy ☐ Tethered spinal cord ☐ Neonatal/pediatric brachial plexus palsy ☐ Tumors of the brain, spinal cord, skull or bony spine ☐ Neurogenetic disorders ☐ Vascular anomalies of the brain and spinal cord **Developmental Disorders - Adult** ☐ Hydrocephalus ☐ Tethered spinal cord ☐ Chiari malformation

#### Insurance **Patient's Primary Insurance:** $\square$ N/A ☐ Public/Private Company name: \_\_\_\_\_ Group number: Contract number: ☐ Worker's Compensation Patient's worker's compensation approval number: Date of patient's injury related to worker's compensation: ☐ Auto Insurance Patient's auto insurance approval number: \_\_\_\_\_ Date of patient's injury: Patient's Secondary Insurance (if applicable): $\square$ N/A ☐ Public/Private Company name: \_\_\_\_\_ Group number: \_\_\_\_\_ Contract number: ☐ Worker's Compensation Patient's worker's compensation approval number: Date of patient's injury related to worker's compensation: ☐ Auto Insurance Patient's auto insurance approval number: Date of patient's injury: Referring Physician Referring Physician Name: \_\_\_\_\_ NPI#: Mailing Address: City: State: Zip: Phone: Fax: Email Address: Office Contact:

Surgeon	Subspecialties	Required New Patient Information with Referral Form
Wajd N. Al-Holou, MD	<ul> <li>Brain Tumor</li> <li>Metastatic brain tumor</li> <li>Primary brain tumor/glioma/ glioblastoma</li> <li>Unspecified brain mass/lesion</li> <li>Developmental Disorders - Adult</li> <li>Hydrocephalus</li> </ul>	<ul> <li>MRI or CT within last 6 months</li> <li>Recent, relevant office note(s)</li> </ul>
David Altshuler, MD, MS	<ul> <li>Brain Tumor</li> <li>Acoustic neuromas</li> <li>Cerebrospinal fluid leaks</li> <li>Metastatic brain tumor</li> <li>Nasal/sinus tumors and cancers including carcinoma, melanoma, esthesioneuroblastoma and sinonasal undifferentiated carcinoma</li> <li>Unspecified brain tumor/lesion</li> <li>Developmental Disorders - Adult</li> <li>Hydrocephalus</li> <li>Functional</li> <li>Trigeminal neuralgia and facial pain</li> <li>Spine</li> <li>Cervicothoracic stenosis/Myelopathy</li> <li>Degenerative spine disorders/Disc herniation</li> <li>Lumbar stenosis</li> </ul>	<ul> <li>MRI or CT within last 6 months</li> <li>Recent, relevant office note(s)</li> </ul>
Kevin Chen, MD	<ul> <li>Functional</li> <li>Epilepsy</li> <li>Movement disorders/Parkinson's Disease/Essential Tremor</li> <li>Pain neuromodulation</li> <li>Psychosurgery/Depression</li> <li>Spasticity</li> <li>Trigeminal neuralgia and facial pain</li> <li>Spine</li> <li>Cervicothoracic stenosis/myelopathy</li> <li>Degenerative spine disorders/disc herniation</li> <li>Lumbar stenosis</li> <li>Spondylolisthesis/pars defect</li> <li>Spinal/spinal cord tumors</li> <li>Developmental Disorders - Adult</li> <li>Hydrocephalus</li> <li>Chiari Malformation</li> </ul>	<ul> <li>Functional</li> <li>Recent, relevant office notes(s).</li> <li>Related imaging (MRI, CT, or X ray within last 6 months) uploaded to MiChart or scanned reports, if available</li> <li>Spine</li> <li>Related spine images from last 6 months (MRI, CT Myelogram, or X rays) uploaded to MiChart or scanned reports</li> <li>Recent, relevant office note(s)</li> </ul>

Surgeon	Subspecialties	Required New Patient Information with Referral Form
Jason A. Heth, MD	Cerebrospinal fluid leaks     Metastatic brain/spinal tumor     Nasal/sinus tumors and cancers including carcinoma, melanoma, esthesioneuroblastoma and sinonasal undifferentiated carcinoma     Unspecified brain mass/lesion  Developmental Disorders - Adult     Hydrocephalus	<ul> <li>MRI or CT within last 6 months</li> <li>Recent, relevant office note(s)</li> </ul>
Todd Hollon, MD	<ul> <li>Brain Tumor</li> <li>Metastatic brain/spinal tumor</li> <li>Pituitary and Neuroendocrinology Program</li> <li>Unspecified brain mass/lesion</li> <li>Developmental Disorders - Adult</li> <li>Hydrocephalus</li> </ul>	<ul> <li>MRI or CT within last 6 months</li> <li>Recent, relevant office note(s)</li> </ul>
Jacob R. Joseph, MD	<ul> <li>Spine</li> <li>Cervicothoracic stenosis/myelopathy</li> <li>Degenerative spine disorders/disc herniation</li> <li>Lumbar stenosis</li> <li>Scoliosis</li> <li>Spinal/spinal cord tumors</li> <li>Spondylolisthesis/pars defect</li> <li>Traumatic spinal injury</li> <li>Neurosport/concussion</li> <li>Traumatic brain injury</li> </ul>	<ul> <li>Related spine images from last 6 months (MRI or CT Myelogram)</li> <li>Recent, relevant office note(s)</li> <li>Operative notes if prior surgery (must be one year post fusion and 6 months post non-hardware procedure)</li> </ul>

Surgeon	Subspecialties	Required New Patient Information with Referral Form
Emily Levin, MD	<ul> <li>Functional</li> <li>Epilepsy</li> <li>Movement disorders/Parkinson's Disease/Essential Tremor</li> <li>Pain neuromodulation</li> <li>Psychosurgery/Depression</li> <li>Spasticity</li> <li>Trigeminal neuralgia and facial pain</li> <li>Developmental Disorders - Adult</li> <li>Adult hydrocephalus</li> <li>Spine</li> <li>Cervicothoracic stenosis/myelopathy</li> <li>Degenerative spine disorders/disc herniation</li> <li>Lumbar stenosis</li> <li>Spondylolisthesis/pars defect</li> <li>Spinal/spinal cord tumors</li> </ul>	<ul> <li>Functional</li> <li>Recent, relevant office notes(s).</li> <li>Related imaging (MRI, CT, or X ray within last 6 months) uploaded to MiChart or scanned reports, if available</li> <li>Development Disorders - Adult</li> <li>Recent, relevant office note(s)</li> <li>Spine</li> <li>Related spine images from last 6 months (MRI, CT Myelogram, or X rays) uploaded to MiChart or scanned reports</li> <li>Recent, relevant office note(s)</li> </ul>
Aditya S. Pandey, MD	<ul> <li>Neurovascular</li> <li>Arteriovenous malformations of the brain and spinal cord</li> <li>Carotid disorders</li> <li>Cavernous/Venous malformations of the CNS</li> <li>Cerebral aneurysms</li> <li>Stroke</li> <li>Brain Tumor</li> <li>Cerebrospinal fluid leaks</li> <li>Metastatic brain/spinal tumor</li> <li>Nasal/sinus tumors and cancers including carcinoma, melanoma, esthesioneuroblastoma, and sinonasal undifferentiated carcinoma</li> <li>Primary brain/spinal tumor/glioma/glioblastoma</li> <li>Unspecified brain mass/lesion</li> </ul>	Recent, relevant office note(s) and imaging within 6 months are optimal     For an urgent evaluation, patient will be seen without these

Surgeon	Subspecialties	Required New Patient Information with Referral Form
Yamaan Saadeh, MD	Brachial Plexus/Peripheral Nerve Injury  • Adult Brachial plexus injuries  • Nerve entrapment syndromes  • Nerve tumors  • Peripheral nerve pain disorders  Spine  • Cervicothoracic stenosis/myelopathy  • Degenerative spine disorders/disc herniation  • Lumbar stenosis  • Scoliosis  • Spinal/spinal cord tumors  • Spondylolisthesis/pars defect  • Traumatic spinal injury  *Pediatric specialties listed in the pediatric table.	<ul> <li>Brachial Plexus/Peripheral Nerve Injury</li> <li>Recent, relevant office note(s)</li> <li>Operative notes if prior surgery</li> <li>Recent EMG report if available</li> </ul> Spine <ul> <li>Related spine images within one year (MRI or CT with report and uploaded into MiChart)</li> <li>Recent, relevant office note(s)</li> <li>Operative notes if prior surgery</li> <li>Recent EMG report if available</li> </ul>
Oren Sagher, MD	<ul> <li>Functional</li> <li>Epilepsy</li> <li>Pain neuromodulation</li> <li>Psychosurgery/Depression</li> <li>Spasticity</li> <li>Trigeminal neuralgia and facial pain</li> </ul> Brain Tumor <ul> <li>Metastatic brain/spinal tumor</li> <li>Primary brain/spinal tumor/glioma/glioblastoma</li> </ul>	<ul> <li>Functional</li> <li>Recent, relevant office note(s)</li> <li>Brain Tumor</li> <li>MRI or CT within last 6 months</li> <li>Recent, relevant office note(s)</li> </ul>
Nicholas Szerlip, MD	<ul> <li>Spine</li> <li>Cervicothoracic stenosis/myelopathy</li> <li>Lumbar stenosis</li> <li>Spinal/spinal cord tumors</li> <li>Spondylolisthesis/pars defect</li> </ul>	<ul> <li>Related spine images within 8 months (MRI with report sent)</li> <li>For cancer patients, no strict requirements but prefer to have spine MRI to review before scheduling</li> </ul>

Surgeon	Subspecialties	Required New Patient Information with Referral Form
B. Gregory Thompson, MD	<ul> <li>Neurovascular</li> <li>Arteriovenous malformations of the brain and spinal cord</li> <li>Carotid disorders</li> <li>Cavernous/Venous malformations of the central nervous system</li> <li>Cerebral aneurysms</li> <li>Stroke</li> <li>Brain Tumor</li> <li>Acoustic neuromas</li> <li>Cerebrospinal fluid leaks</li> <li>Metastatic brain/spinal tumor</li> <li>Nasal/sinus tumors and cancers including carcinoma, melanoma, esthesioneuroblastoma, and sinonasal undifferentiated carcinoma</li> <li>Primary brain/spinal tumor/glioma/ glioblastoma</li> </ul>	<ul> <li>Most recent MRI, MRA, or CTA with reports sent</li> <li>Recent, relevant office note(s)</li> </ul>

### **Pediatric Neurosurgery Providers**

Surgeon	Subspecialties	Required New Patient Information with Referral Form
Hugh J. L. Garton, MD, MHSc	<ul> <li>Chiari malformations</li> <li>Congenital anomalies of the brain and spinal cord</li> <li>Craniofacial Program/anomalies</li> <li>Hydrocephalus</li> <li>Medically refractory epilepsy</li> <li>Neurogenetic disorders</li> <li>Pediatric head and spinal cord injury</li> <li>Spina bifida and myelomeningocele (including <i>in utero</i> closure)</li> <li>Surgical therapy for spasticity</li> <li>Tethered spinal cord</li> <li>Tumors of the brain and spinal cord</li> <li>Vascular anomalies of the brain and spinal cord</li> </ul>	<ul> <li>Recent, relevant office note(s) with description of problem for which consultation is being requested</li> <li>Radiology reports for testing done in last 12 months</li> <li>Images uploaded or on CD</li> <li>Children under 24 months of age should also have head size charts from their PCP</li> </ul>
Suresh Magge, MD	<ul> <li>Chiari Malformations</li> <li>Congenital anomalies of the brain and spinal cord</li> <li>Craniofacial Program/anomalies</li> <li>Craniosynostosis: Open and Endoscopic Surgery</li> <li>Endoscopic and Minimally invasive surgery</li> <li>Hydrocephalus</li> <li>Neurogenetic disorders</li> <li>Pediatric head and spinal cord injury</li> <li>Spina bifida and myelomeningocele (including in <i>utero</i> closure)</li> <li>Spinal disorders</li> <li>Tethered spinal cord</li> <li>Tumors of the brain and spinal cord</li> <li>Vascular anomalies of the brain and spinal cord (including AVM's, cavernomas, and moyamoya disease)</li> </ul>	<ul> <li>Recent relevant office notes</li> <li>If available, reports for any recent imaging or test results</li> <li>If available, relevant radiology images uploaded or on CD</li> </ul>

### **Pediatric Neurosurgery Providers**

Surgeon	Subspecialties	Required New Patient Information with Referral Form
Neena I. Marupudi, MD, MS	<ul> <li>Chiari malformations</li> <li>Congenital anomalies of the brain and spinal cord</li> <li>Craniofacial Program/anomalies</li> <li>Endoscopic neurosurgical treatments</li> <li>Hydrocephalus</li> <li>Laser ablation therapy for brain tumors and epilepsy</li> <li>Medically refractory epilepsy</li> <li>Neurogenetic disorders</li> <li>Pediatric head and spinal cord injury</li> <li>Spina bifida and myelomeningocele (including <i>in utero</i> closure)</li> <li>Surgical therapy for spasticity</li> <li>Tethered spinal cord</li> <li>Tumors of the brain and spinal cord</li> <li>Vascular anomalies of the brain and spinal cord</li> </ul>	<ul> <li>Recent, relevant office note(s)</li> <li>If available, reports for any recent imaging or test results</li> <li>If available, relevant radiology images uploaded or on CD</li> </ul>
Karin M. Muraszko, MD	<ul> <li>Chiari malformations</li> <li>Congenital anomalies of the brain and spinal cord</li> <li>Craniofacial Program/anomalies</li> <li>Hydrocephalus</li> <li>Medically refractory epilepsy</li> <li>Neurogenetic disorders</li> <li>Pediatric head and spinal cord injury</li> <li>Spina bifida and myelomeningocele (including <i>in utero</i> closure)</li> <li>Surgical therapy for spasticity</li> <li>Tethered spinal cord</li> <li>Tumors of the brain and spinal cord</li> <li>Vascular anomalies of the brain and spinal cord</li> </ul>	<ul> <li>Recent, relevant office note(s)</li> <li>Reports for any recent testing         <ul> <li>MRI, CT, ultrasound, but testing is not required</li> </ul> </li> </ul>
Yamaan Saadeh, MD	<ul> <li>Neonatal/Pediatric Brachial Plexus         Palsy     </li> <li>*Adult specialties listed in the adult table.</li> </ul>	Recent, relevant office note(s), if available