



## Carolina Headache Institute

### REFERRAL FORM:

This form must be completed in full or treatment of the patient may be delayed

All information is strictly confidential and is intended only for the Carolina Headache Institute.

**\*\*\*Please include clinic notes, demographics, insurance info (and any pertinent blood test results and radiology scans) with this referral. Otherwise, we will not be able to move forward with the process. Please see our website, [www.chi09.com](http://www.chi09.com) for more information.**

### *Patient Demographics:*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

### *Referring Physician:*

Name: \_\_\_\_\_

Specialty \_\_\_\_\_ Practice: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

*Reason For Referral:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referring to: (please circle):**    Next Available    Or:    Dr. Anne Calhoun    Dr. Kevin Kahn    Dr. Alan Finkel

Dr. Nicole Gill    Dr. Jaskiran Vidwan    Kami Harris, PA

\*\*\*We will try to honor your request, but ultimately our physicians will decide who is best suited to see the patient after reviewing the referral.

**\*Please fax this information to 919-942-4440**