

# RNC

**ROCKFORD  
NEUROSCIENCE  
CENTER**

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## NEW PATIENT REFERRAL FORM

**\* PLEASE SEND COPIES OF MEDICAL RECORDS W/ REFERRAL \*  
REMINDE PATIENT TO BRING MRI FILMS/DISK TO THE APPT**

Date \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Insurance \_\_\_\_\_

Referring DR \_\_\_\_\_ Phone \_\_\_\_\_

Referring to: Dr. Srivastava      Dr. Afzal      Dr. Roth      First Available

Has the patient had the following tests? Where/When?

EMG \_\_\_\_\_ EEG \_\_\_\_\_

Head/Spine CT \_\_\_\_\_ MRI \_\_\_\_\_

**DX/ Reason for Referral** \_\_\_\_\_

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**REFERRING OFFICE- DO NOT WRITE BELOW LINE**

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**PATIENT QUESTIONS:**

Is there an attorney involved? \_\_\_\_\_

Is the reason for the work-injury related? \_\_\_\_\_

Is IPA Pending? \_\_\_\_\_

Are the symptoms related to an auto accident? \_\_\_\_\_

Previous MD's seen for this problem? \_\_\_\_\_

Neurologist already consulted/who? \_\_\_\_\_

*EMG      24 HOUR EEG      BOTOX      BALANCE TESTING      INFUSION      NEURO PT*