



# REFERRAL FORM

RICHARD SEROUSSI, MD

KENNETH LEONG, MD

LAURA LEWIS, ARNP

TIFFANY MATHIAS, MD

OTHER: \_\_\_\_\_

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Referred By: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

Injury Claim:  PIP  3RD PARTY  L&I  Other (Please List): \_\_\_\_\_

If Applicable: Claim # \_\_\_\_\_ DOI: \_\_\_\_\_

Attorney: \_\_\_\_\_

## PURPOSE OF REFERRAL:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Evaluation       | <input type="checkbox"/> Evaluation & Treatment  | <input type="checkbox"/> Platelet Rich Plasma (PRP)   |
| <input type="checkbox"/> TBI Evaluation   | <input type="checkbox"/> TBI Treatment           | <input type="checkbox"/> Trigger Point Needling (IMS) |
| <input type="checkbox"/> Joint Injections | <input type="checkbox"/> Cognitive Therapy       | <input type="checkbox"/> Neurocognitive Testing       |
| <input type="checkbox"/> EMG/NCV          | <input type="checkbox"/> Facet/Spinal Injections | <input type="checkbox"/> Mental Health Counseling     |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include relevant patient records (e.g. first & last chart notes and diagnostic reports).**

**Please circle one if you have a preferred location.**  
Note: Brain Injury Medicine of Seattle (BIMS) services are only available at our Seattle location.

**SEATTLE**

3213 EASTLAKE AVE EAST, SUITE A  
SEATTLE, WA 98102  
PHONE: 206-861-8200

**LYNNWOOD**

4300 198TH ST SW, #300  
LYNNWOOD, WA 98036  
PHONE: 425-361-1122

### 3 EASY WAYS TO SEND YOUR REFERRAL:

- Fax: 206-324-1178
- Online form: [seattlespine.com](http://seattlespine.com) | [bimseattle.com](http://bimseattle.com)
- Email: [care@seattlespine.com](mailto:care@seattlespine.com) | [care@bimseattle.com](mailto:care@bimseattle.com)