



**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN

**Effective December 1, 2022**

# U-M NEUROSURGERY CONSULT FORM

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  
Ann Arbor, MI 48109

Phone: (734) 936-7010

Fax: (734) 647-9233

Attn: Neurosurgery Contact Center

Please select a U-M Neurosurgeon from the following pages and submit the required new patient information and imaging, along with this form, to the fax number or address above. Please call (734) 936-7010 with any questions.

Today's Date: \_\_\_\_\_

## Patient Demographics

Patient's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Legal Gender:  Male  Female  Other

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Visit:  New Patient  Return Visit

Patient Type:  Pediatric  Adult

## Neurosurgeon Requested *(Refer to pages 4-10 for Neurosurgeon sub-specialties - check only one)*

### Adult

Wajd N. Al-Holou, MD

Jacob R. Joseph, MD

Oren Sagher, MD

David Altshuler, MD, MS

Osama Kashlan, MD, MPH

Nicholas Szerlip, MD

Kevin Chen, MD

Emily Levin, MD

B. Gregory Thompson, MD

Jason A. Heth, MD

Aditya S. Pandey, MD

Todd Hollon, MD

Yamaan Saadeh, MD

### Pediatric

Hugh J. L. Garton, MD

Karin M. Muraszko, MD

## Diagnosis/Reason for Referral (Subspeciality and Diagnosis)

### Spine

- Cervicothoracic stenosis/myelopathy
- Degenerative spine disorders/disc herniation
- Lumbar stenosis
- Scoliosis
- Spinal/spinal cord tumors
- Spondylolisthesis/pars defect
- Traumatic spinal injury

### Traumatic Brain Injury

- Neurosport/concussion
- Traumatic brain injury

### Brachial Plexus/Peripheral Nerve Injury

- Adult brachial plexus injuries
- Nerve entrapment syndromes
- Nerve tumors
- Peripheral nerve pain disorders

### Neurovascular

- Arteriovenous malformations of brain/spinal cord
- Carotid disorders
- Cavernous/Venous malformations of the CNS
- Cerebral aneurysms
- Stroke

### Brain Tumor

- Acoustic neuromas
- Cerebrospinal fluid leaks
- Metastatic brain tumor
- Nasal/sinus tumors and cancers including carcinoma, melanoma, esthesioneuroblastoma, and sinonasal undifferentiated carcinoma
- Pituitary tumor
- Primary brain/spinal tumor/glioma/glioblastoma
- Unspecified brain mass/lesion

### Functional Neurosurgery

- Epilepsy
- Psychosurgery/Depression
- Movement disorders/Parkinson's Disease/  
Essential Tremor
- Spasticity
- Pain neuromodulation
- Trigeminal neuralgia and facial pain

### Pediatric Conditions

- Chiari malformations and syringomyelia
- Pediatric head/spinal cord injury
- Congenital anomalies of the brain/spinal cord
- Spina bifida and myelomeningocele (including *in utero* closure)
- Craniofacial program
- Surgical therapy for spasticity
- Hydrocephalus
- Tethered spinal cord
- Medically refractory epilepsy
- Tumors of the brain, spinal cord, skull or bony spine
- Neonatal/pediatric brachial plexus palsy
- Vascular anomalies of the brain and spinal cord
- Neurogenetic disorders

### Developmental Disorders - Adult

- Hydrocephalus
- Tethered spinal cord
- Chiari malformation

## Insurance

### Patient's Primary Insurance:

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):

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: \_\_\_\_\_

# Adult Neurosurgery Providers

Surgeon	Subspecialties	Required New Patient Information with Referral Form
Wajd N. Al-Holou, MD	<p><b>Brain Tumor</b></p> <ul style="list-style-type: none"> <li>• Metastatic brain tumor</li> <li>• Primary brain tumor/glioma/glioblastoma</li> <li>• Unspecified brain mass/lesion</li> </ul> <p><b>Developmental Disorders - Adult</b></p> <ul style="list-style-type: none"> <li>• Hydrocephalus</li> </ul>	<ul style="list-style-type: none"> <li>• MRI or CT within last 6 months</li> <li>• Recent, relevant office note(s)</li> </ul>
David Altshuler, MD, MS	<p><b>Brain Tumor</b></p> <ul style="list-style-type: none"> <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> </ul> <p><b>Developmental Disorders - Adult</b></p> <ul style="list-style-type: none"> <li>• Hydrocephalus</li> </ul> <p><b>Functional</b></p> <ul style="list-style-type: none"> <li>• Trigeminal neuralgia and facial pain</li> </ul> <p><b>Spine</b></p> <ul style="list-style-type: none"> <li>• Cervicothoracic stenosis/Myelopathy</li> <li>• Degenerative spine disorders/Disc herniation</li> <li>• Lumbar stenosis</li> </ul>	<ul style="list-style-type: none"> <li>• MRI or CT within last 6 months</li> <li>• Recent, relevant office note(s)</li> </ul>
Kevin Chen, MD	<p><b>Functional</b></p> <ul style="list-style-type: none"> <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> </ul> <p><b>Spine</b></p> <ul style="list-style-type: none"> <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> <p><b>Developmental Disorders - Adult</b></p> <ul style="list-style-type: none"> <li>• Hydrocephalus</li> <li>• Chiari Malformation</li> </ul>	<p><b>Functional</b></p> <ul style="list-style-type: none"> <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> </ul> <p><b>Spine</b></p> <ul style="list-style-type: none"> <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>

# Adult Neurosurgery Providers

Surgeon	Subspecialties	Required New Patient Information with Referral Form
Jason A. Heth, MD	<b>Brain Tumor</b> <ul style="list-style-type: none"> <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>• Unspecified brain mass/lesion</li> </ul> <b>Developmental Disorders - Adult</b> <ul style="list-style-type: none"> <li>• Hydrocephalus</li> </ul>	<ul style="list-style-type: none"> <li>• MRI or CT within last 6 months</li> <li>• Recent, relevant office note(s)</li> </ul>
Todd Hollon, MD	<b>Brain Tumor</b> <ul style="list-style-type: none"> <li>• Metastatic brain/spinal tumor</li> <li>• Pituitary and Neuroendocrinology Program</li> <li>• Unspecified brain mass/lesion</li> </ul> <b>Developmental Disorders - Adult</b> <ul style="list-style-type: none"> <li>• Hydrocephalus</li> </ul>	<ul style="list-style-type: none"> <li>• MRI or CT within last 6 months</li> <li>• Recent, relevant office note(s)</li> </ul>
Jacob R. Joseph, MD	<b>Spine</b> <ul style="list-style-type: none"> <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> </ul> <b>Traumatic Brain Injury</b> <ul style="list-style-type: none"> <li>• Neurosport/concussion</li> <li>• Traumatic brain injury</li> </ul>	<ul style="list-style-type: none"> <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>
Osama Kashlan, MD, MPH	<b>Spine</b> <ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <li>• Related spine images from last 6 months (MRI, CT)</li> <li>• X-rays (if done) within the last month</li> <li>• Recent, relevant office note(s)</li> </ul>

# Adult Neurosurgery Providers

Surgeon	Subspecialties	Required New Patient Information with Referral Form
<p><b>Emily Levin, MD</b></p>	<p><b>Functional</b></p> <ul style="list-style-type: none"> <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> </ul> <p><b>Developmental Disorders - Adult</b></p> <ul style="list-style-type: none"> <li>• Adult hydrocephalus</li> </ul> <p><b>Spine</b></p> <ul style="list-style-type: none"> <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>	<p><b>Functional</b></p> <ul style="list-style-type: none"> <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> </ul> <p><b>Development Disorders - Adult</b></p> <ul style="list-style-type: none"> <li>• Recent, relevant office note(s)</li> </ul> <p><b>Spine</b></p> <ul style="list-style-type: none"> <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>
<p><b>Aditya S. Pandey, MD</b></p>	<p><b>Neurovascular</b></p> <ul style="list-style-type: none"> <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> </ul> <p><b>Brain Tumor</b></p> <ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>• Recent, relevant office note(s) and imaging within 6 months are optimal</li> <li>• For an urgent evaluation, patient will be seen without these</li> </ul>

# Adult Neurosurgery Providers

Surgeon	Subspecialties	Required New Patient Information with Referral Form
<b>Yamaan Saadeh, MD</b>	<b>Spine</b> <ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <li>• Related images from last 6 months (MRI, CT)</li> <li>• X-rays (if done) within the last month</li> <li>• Recent, relevant office note(s)</li> <li>• For an urgent evaluation, patient will be seen without these</li> </ul>
<b>Oren Sagher, MD</b>	<b>Functional</b> <ul style="list-style-type: none"> <li>• Epilepsy</li> <li>• Pain neuromodulation</li> <li>• Psychosurgery/Depression</li> <li>• Spasticity</li> <li>• Trigeminal neuralgia and facial pain</li> </ul> <b>Brain Tumor</b> <ul style="list-style-type: none"> <li>• Metastatic brain/spinal tumor</li> <li>• Primary brain/spinal tumor/glioma/glioblastoma</li> </ul>	<b>Functional</b> <ul style="list-style-type: none"> <li>• Recent, relevant office note(s)</li> </ul> <b>Brain Tumor</b> <ul style="list-style-type: none"> <li>• MRI or CT within last 6 months</li> <li>• Recent, relevant office note(s)</li> </ul>
<b>Nicholas Szerlip, MD</b>	<b>Spine</b> <ul style="list-style-type: none"> <li>• Cervicothoracic stenosis/myelopathy</li> <li>• Lumbar stenosis</li> <li>• Spinal/spinal cord tumors</li> <li>• Spondylolisthesis/pars defect</li> </ul>	<ul style="list-style-type: none"> <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>
<b>B. Gregory Thompson, MD</b>	<b>Neurovascular</b> <ul style="list-style-type: none"> <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> </ul> <b>Brain Tumor</b> <ul style="list-style-type: none"> <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 style="list-style-type: none"> <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
<b>Hugh J. L. Garton, MD, MHSc</b>	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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>
<b>Karin M. Muraszko, MD</b>	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <li>• Recent, relevant office note(s)</li> <li>• Reports for any recent testing – MRI, CT, ultrasound, but testing is not required</li> </ul>