



PM&R Referral Request

McLaren Physical Medicine and Rehabilitation
Sharnée Mead, DO
560 W. Mitchell, Suite M50
Petoskey, MI 49770
231-487-3003 (p) 231-487-3007 (f)

Date: _____

Patient Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone: Home (____) _____ Cell (____) _____

Referring Physician: _____ Phone:(____) _____ Fax (____) _____

PCP: _____ Phone:(____) _____ Fax (____) _____

Reason for Consult:(Diagnosis): _____

Work Comp? Yes No Auto Accident? Yes No

(If yes to either, we will need an Open Claims Letter and Physician of record information)

Insurance Authorization Required? Yes No (Prior authorization is required for all United Health care insurances as we are out-of-network). We do not accept Molina or Meridian.

*** A complete referral must include the items below. Our staff will review the patient's referral to be sure it is complete before processing further.**

Requirements Needed for Referral:

- Order for Consultation, demographics, and current insurance cards.
- Most recent Office note *(including meds/allergies and past med/surg/social histories)*.

Helpful Items include:

- Current A1c is helpful and often required for treatment.
- Any imaging reports relating to the affected area (if not completed at a McLaren facility).
- Physical Therapy Evaluation and last note
- Pain Management Specialist notes
- ED/hospital notes
- Previous surgery operative notes of the affected area