



Duke ALS Clinic
932 Morreene Road, Durham, NC 27705
Phone: 919-668-2875 Fax: 919-668-2901

Richard S. Bedlack, MD, Ph.D

ALS & Motor Neuron Disease Evaluation

REFERRAL FORM

Patient's Full Name _____ DOB _____

SS # _____ Street Address _____

City _____ State _____ Zip _____

Email: _____ Family Member: _____

Home Phone # _____ Cell # _____

Employer: _____

Referring Physician Name _____ Date of Referral _____

Practice Name _____

Office # _____ Fax # _____

Office Contact Person(s) _____

Insurance: _____ Phone: _____

ID Number: _____ Group Number: _____

Subscriber: _____ Subscriber DOB: _____

Subscriber Employer: _____

Please include **Medical Records** (office notes, MRI scans of head, neck, spine, lab work, EMG and/or Nerve Conduction Studies, etc.).

Referral and records to be faxed to **919-668-2901, ATTENTION: Stacey Asnani, MSW, LCSW**
Duke ALS Clinic Coordinator

(For office use only) _____
IDX: YES NO MRN: _____

Date Referral Received _____ Date Medical Records Received: _____

Appointment Date & Time _____ EMG: Yes: _____ No

Name of person notified of patient appointment _____ Letter
 Appt. sheet

Notes: _____
