

Referral Form



A Public Entity
Inland Empire Health Plan

SEND TO: Neuro Vitality Center
2800 East Alejo Road
Palm Springs, CA 92262-6243
Phone (760) 323-7676 | Fax (760) 325-8026
<http://www.neurovitalitycenter.org/>

Date: _____

COMPLETE SECTIONS BELOW:

Referral for type of service(s) requested: _____

PATIENT

Name _____
Address _____
Phone Number () _____
E-mail _____
IEHP Member ID# _____

REFERRED BY

Physician _____
Address _____
Phone Number () _____
E-mail _____
IEHP Provider ID# _____

Attached

Care Plan Patient Information Medical Records/
Dictated Summary Relevant Lab Tests and Imaging

Reason for Referral

Stroke Traumatic Brain Injury Other _____

Symptoms of Concern _____

Please ask the patient to bring medications and list with dosages to the evaluation visit.

Please advise on patient's care

Physician Signature

Phone
