



# MICHIGAN HEAD•PAIN & NEUROLOGICAL INSTITUTE

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## MHNI NEW PATIENT REFERRAL FORM

**Fax this completed form to (734) 973-6982**

You will receive a response within one business day and we will confirm the appointment with your patient.

### CLINICAL DIVISIONS

HEAD PAIN  
NEUROLOGY  
GENERAL PAIN MANAGEMENT  
SLEEP MEDICINE  
BEHAVIORAL MEDICINE  
PHYSICAL THERAPY  
RESEARCH  
NEURODIAGNOSTIC & LABORATORY  
HOSPITAL TREATMENT UNIT

### MEDICAL STAFF

Joel R. Saper, MD, FAAN  
Founder and Director  
*Headache, Neurology & Pain Medicine*  
Certified, American Board of Psychiatry & Neurology (N)  
American Board of Pain Medicine, Headache Medicine (UCNS)

Robert L. Hamel, PA-C, MM  
*Clinical Assistant to the Director*

James R. Weintraub, DO  
*Headache, Neurology & Sleep Medicine*  
Certified, American Osteopathic Board of Psychiatry  
& Neurology (N), American Board of Sleep Medicine  
Headache Medicine (UCNS)

Alicia R. Prestegaard, MD  
*Headache, Neurology & Pain Medicine*  
Certified, American Board of Psychiatry & Neurology (N)  
American Board of Pain Medicine, Headache Medicine (UCNS)

Shamas Moheyuddin, MD  
*Pain Anesthesiology*  
Certified, American Board of Anesthesiology

Nauman Tariq, MD  
*Headache & Neurology*  
Certified, American Board of Psychiatry and Neurology (N)

Gayle A. Antonelli, PA-C  
Certified Physician Assistant

### BEHAVIORAL MEDICINE

Alvin E. Lake III, PhD, FAHS  
*Division Director*  
*Clinical Psychologist* (Licensed)

Jeffrey D. Pingel, PhD  
*Clinical Psychologist* (Licensed)

Lisa B. Ensfield, PhD  
*Clinical Psychologist* (Licensed)

### PHYSICAL THERAPY

Andrea K. Sherman, PT, DPT, CFC  
*Physical Therapy Coordinator*

### NURSING

Mary E. Brunett, RN, BSN  
*Head Nurse*

Mary M. Kroll, RN, BSN  
*Clinical Coordinator*

### RESEARCH

Shawn M. Szalay, RN, BSN  
*Director, Clinical Trials*

Marjorie E. Winters, RN, BSN  
*Contracts Management, Clinical Trials*

### ADMINISTRATION

Scott F. Madden, FACHE  
*Vice President & Administrator*

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

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

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

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Primary Insurance: \_\_\_\_\_

Group #: \_\_\_\_\_ Contract #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Group #: \_\_\_\_\_ Contract #: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If possible, please fax any pertinent office notes and diagnostic/radiologic reports along with this form to: (734) 973-6982, attn: New Patient Representative**

**THANK YOU FOR YOUR REFERRAL!**

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A National Referral Center  
MHNI is the Nation's First Comprehensive Head•Pain Treatment Center