



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.

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: _____

Please fax all office notes, diagnostic/radiologic studies and any other pertinent information to: (734) 973-6982, attn: New Patient Representative

THANK YOU FOR YOUR REFERRAL!

CLINICAL DIVISIONS

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

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Headache, Neurology & Pain Medicine
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American Board of Pain Medicine, Headache Medicine (UCNS)

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Clinical Assistant to the Director

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Board of Psychiatry and Neurology (N)
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Pain Anesthesiology
Certified, American Board of Anesthesiology

Jemin N. Gajipara, MD
Pain Anesthesiology
Certified, American Board of Anesthesiology

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Division Director
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Clinical Psychologist (Licensed)

Jan E. Bachman, PhD
Clinical Psychologist (Licensed)

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Physical Therapy Coordinator

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Head Nurse

Mary M. Kroll, RN, BSN
Clinical Coordinator

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Manager of Pharmaceutical Research

ADMINISTRATION

Scott F. Madden, FACHE
Vice President & Administrator



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

