MERIDIAN NEURO
BRAIN AND BALANCE CENTER

18 Endeavor, Suite 105 · Irvine, CA 92618
**Main (949) 850-2885 Fax (949) 850-7476**

meridianneuro.net

# REFERRAL PRESCRIPTION

ALL SERVICES

Joey Gee, DO, FAHS — Medical Director | Board-Certified Neurologist & Headache Specialist

**PATIENT NAME** _____ **DATE OF BIRTH** _____

**PHONE** _____ **EMAIL** _____

**DIAGNOSIS / CLINICAL INDICATION** _____ **ICD-10** _____

## NEUROLOGY & NEUROMODULATION

*Requires neurological evaluation with Dr. Gee*

- ☐ Neurological Evaluation (new patient)
- ☐ nTMS Neuromodulation — candidacy
- ☐ Migraine / Headache Management
- ☐ Botox for Chronic Migraine
- ☐ Post-Concussion Evaluation
- ☐ Brain Health / Cognitive Assessment

## VESTIBULAR PHYSICAL THERAPY

*Direct referral — no neuro eval required*

- ☐ Vestibular Rehabilitation
- ☐ Post-Concussion Rehabilitation
- ☐ Dizziness / Vertigo / BPPV
- ☐ Balance & Gait Training
- ☐ Cervicogenic Dizziness
- ☐ Parkinson's / Movement Disorder
- ☐ Fall Risk / Deconditioning
- ☐ Other: _____

## SPEECH & LANGUAGE THERAPY

*Direct referral — no neuro eval required*

- ☐ Aphasia / Language Recovery
- ☐ Cognitive-Communication Therapy
- ☐ Dysarthria / Motor Speech
- ☐ Voice Therapy & Vocal Function
- ☐ Swallowing Evaluation (Dysphagia)
- ☐ TBI / Concussion Cognitive Recovery
- ☐ Auditory Processing Disorder
- ☐ Apraxia of Speech
- ☐ Parkinson's Disease
- ☐ Other: _____

## THERAPY ORDERS & CLINICAL NOTES

☐ Evaluate & treat per plan of care ☐ Frequency _____ ×/wk ☐ Duration _____ wks ☐ Records attached

**PRECAUTIONS / RELEVANT HISTORY** _____

**REPORT BACK TO ME:** ☐ Initial evaluation ☐ Midpoint progress ☐ Discharge summary

**REFERRING PROVIDER (PRINT)** _____ **NPI** _____

**SIGNATURE** _____ **DATE** _____

**PRACTICE** _____ **PHONE** _____ **FAX** _____