2024 GOSHEN HEALTH

Provider Guide

For the most current information visit
goshenhealth.com/quick-guide

Goshen Health

04/16/24 8:47:30

Goshen Center for Cancer Care

200 High Park Ave. Goshen, IN 46526 (574) 364 - 2973

Cutting-edge. Comprehensive. Collaborative care.

When you refer a patient to the Goshen Center for Cancer Care, you can rest assured that they will be cared for by a multidisciplinary team that includes fellowship trained medical, surgical and radiation oncologists; palliative care physicians; oncology nurses; naturopathic doctors; mind-body counselors and dietitians. Together, the care team considers all aspects of the patient's life and disease to provide the best possible treatment.

Your Cancer Care Team

We have a dedicated team of oncologists and cancer care specialists committed to delivering the best possible care you'll find anywhere. From initial diagnosis to recovery and beyond – we're all in this together.

Clinic Hours

Clinic Hours: Monday – Friday, 8:30 a.m. – 4:30 p.m.

Infusion Hours: Monday – Friday, 7:30 a.m. – 4:30 p.m.

Medical Oncology

Bolanle Adepoju, MD, MPH

Internal Medicine, Hematology Oncology, Medical Oncology

Ingrid Bowser, MSN, ANP-BC, AOCNP, ACHPN

Medical Oncology

Judith Huff, NP

Medical Oncology

Kennedy Iheanacho, MD

Internal Medicine, Hematology Oncology, Medical Oncology

Ebenezer Kio, MD

Hematology Oncology, Medical Oncology

Katarina Leckova, MD

Internal Medicine, Hematology Oncology, Medical Oncology

Liz Nafziger, MD

Neurology, Palliative Medicine

Jonathan Newhall, PA-C

Medical Oncology

Kristan Rheinheimer, RN, MSN, FNP, OCN

Medical Oncology

Surgical Oncology

Muhammad Bostaji, MD

Interventional Pulmonology

Grace Darnell, MSN, NP-C, FNP-BC, OCN

Gynecologic Oncology, Surgical Oncology

Fiona Denham, MD, FACS

Breast Surgical Oncology, Surgical Oncology

Ronald Downs, MD, FACS

Plastic Surgery

Sheila Fleming, MSN, APRN-BC, CRNFA

Breast Surgical Oncology, Women's Health

Rachel Macias, MD

Plastic Surgery

Gopal Menon, MBBS, MD, MPH, MBA

Surgical Oncology

Laura L. Morris, MD, MBA, FACS, dipABLM

Breast Surgical Oncology, Surgical Oncology

Mark Ranzinger, MD, FACS

General Surgery, Thyroid Surgery

Sharmila Roy Chowdhury, MD

Surgical Oncology

Elise Sharkey, PA

Surgical Oncology

Pamela Stone, MD, FACOG, FACS

Gynecologic Oncology

Patrick Viscardi, MD

Plastic Surgery

Urs von Holzen, MD, MBA, FACS

Surgical Oncology, Thoracic Surgery

Radiation Oncology

Leon Coody, Jr, MSN, FNP-BC

Radiation Oncology

Irina Sparks, MD

Radiation Oncology

Houman Vaghefi, MS, MD, PhD

Radiation Oncology

James Wheeler, MD, PhD

Radiation Oncology

Integrative Care

Maria Brown, RD, CD

Oncology Nutrition

Rita Gingrich, MSW, LCSW, OSW-C

Mind-Body Counselor

LaToya Lewis, ND

Naturopathic Medicine

Maricel Lopez-Colon, RD, LDN

Oncology Nutrition

Kim Mathews, MS, LMHC, CT

Mind-Body Counselor

Emily Moore, ND, LAc, FABNO

Acupuncture, Naturopathic Oncology

Bethany Swope, MS Ed, LMFT

Mind-Body Counselor

MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

Goshen Center for Cancer Care

Intake: Sara Sink, Marilee Wires & Amy Schwartz
Phone: 574-364-2973 Fax: 574-364-2488
Email: cccois@goshenhealth.com

RAPID REFERRAL FORM

***To expedite the process, please reference Required Oncology Records Checklist to be included with referral.**

If sending the C-CDA, this form does not need to be filled out. Please be sure to include reason for referral and indicate if records are available in Meditech.

Today's Date:

DEMOGRAPHICS PLEASE VERIFY BELOW INFORMATION IS INCLUDED IF ATTACHING DEMOGRAPHIC SHEET FROM YOUR FACILITY'S EMR

Name: _____ Birthdate:_____ M____F_____

Address:_____ City:_____ State:____Zip:_____

Preferred patient phone #:_____ E-mail:_____

Contact person if not patient: _____ Relationship:_____ Phone #:_____

Language preferred:_____ Interpreter needed: Y____N_____ Social Security#_____

INSURANCE

Insurance Co._____ Policy#_____ Group #_____

REFERRAL

Reason for referral: _____ Second opinion? Y_____N_____

Diagnosis:_____ Date of diagnosis:_____ Has patient received treatment? Y___N___

Referring Physician:_____ Specialty_____

Address:_____ City:_____ State:____Zip:_____

Phone#_____ Fax#_____ Direct messaging email:_____

Provider choice: First available_____ Preferred Provider(s):_____

COMMUNICATION

You will receive faxed confirmation once the appointment is scheduled. Our office will directly contact your patient with scheduling information. Thank you for referring your patient to Goshen Center for Cancer Care.

Goshen Center for Cancer Care

Medical Oncology Required Records Checklist

Patient Name: DOB:

ONCOLOGY GENERAL: PLEASE INCLUDE ALL RECORDS BELOW WITH REFERRAL	
☐	Referring provider's most recent office note pertaining to diagnosis
☐	Imaging from past year – Including CT, PET, MRI, Ultrasound, Nuclear Medicine, MUGA/Echo
☐	Most recent pathology report as well as pathology report from initial diagnosis
☐	Labs from past year
☐	Chemotherapy and/or Radiation treatment summary

DISEASE SPECIFIC: PLEASE INCLUDE DISEASE SPECIFIC RESULTS IF AVAILABLE			
☐	ACUTE LEUKEMIA	Flow Cytometry All Bone Marrow Pathology	Cytogenetics
☐	BREAST CANCER	ER/PR DEXA scan Oncotype DX testing FISH/CISH if HER2 initial testing is indeterminate	HER2 BRCA testing Mammogram/US/Breast MRI
☐	CHRONIC MYELOGENOUS LEUKEMIA	All Bone Marrow Pathology PCR for BCR/ABL transcript	FISH for BCR/ABL
☐	COLORECTAL CANCER	K-ras Testing Preoperative CEA Level	Colonoscopy Report
☐	GASTRIC CANCER	EGD	HER2 Testing
☐	LUNG CANCER	EGFR/ALK Testing PDL Testing	Pulmonary Function Tests ROS-1 Testing
☐	LYMPHOMA	Flow Cytometry	Cytogenetics
☐	MELANOMA	BRAF Testing	NRAS Testing
☐	MYELOMA	24 Hour Urine Serum Protein Electropharesis Immunofixation	Serum Free Light Chains Beta 2 Microglobulin Bone Marrow Biopsy Pathology
☐	NEUROENDOCRINE TUMORS	Chromogranin A Level	24 Hour Urine for 5HIAA
☐	RENAL/GYNECOLOGICAL/BLADDER CANCERS	CA125 Tumor Marker for Ovarian Cancer	
☐	PANCREATIC CANCER	ERCP (Endoscopic Retrograde Cholanigio-Pancreatography) Endoscopic Ultrasound	CA-19-9 Tumor Marker
☐	PROSTATE CANCER	PSA x 2 + years	

Please fax requested information to Goshen Center for Cancer Care Intake Department at 574-364-2488. Please call 574-364-2973 with any questions.

If above documents are not included please indicate reason _____

_____

Goshen Physicians

ENDOCRINOLOGY

2012 S Main St. Ste C Goshen, IN 46526 (574) 537 - 1221

Our endocrinology team specializes in helping patients manage a wide range of chronic hormone-related disorders.

Meet our Endocrinology Team

Our endocrinology team has specialized training in the diagnosis and treatment of all endocrine system disorders.

Clinic Hours

Monday – Friday, 8:30 a.m. – 4:30 p.m.

Lily Kwatampora, MD

Endocrinology, Diabetes & Metabolism

Priyanka Mathias, MD

Endocrinology, Diabetes & Metabolism

MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

Goshen Physicians

Dr. Lily Kwatampora- Endocrinology
2012 S. Main St. Ste. C
Goshen, IN 46526
Phone (574) 537-1221 Fax (574) 537-1225

Referring Physician _____

Office Address _____

Office Phone # _____ Fax #_____

Patient Name _____ Date of Birth _____

Address _____

Patient contact _____

Insurance Type_____

1. **Reason for Referral**
   - Manage and Treat
   - Consult only
   - Second Opinion
2. **Diagnosis**

	Type 1 DM		Thyroid Cancer (see below)
	Type 2 DM		Osteoporosis
	Hyperthyroidism		Hypercalcemia
	Hypothyroidism		Other (please specify)
	Thyroid Nodules		

3. **Clinic Notes/Labs/Imaging**

   - Last 2 clinic notes
   - Last 3 months of labs (relevant to referral done by referring provider)
   - Last imaging (relevant to referral done by referring provider)
   - All Thyroid labs – include FNAs for dx: Thyroid Nodules
   - Thyroid CA
     - Pathology results/reports
     - Operative reports
     - All scans/imaging (Thyroid US, Pretreatment scans I123, Whole body scan, CT neck/chest/PET scans (if completed)

ENT, Speech & Audiology

2012 S. Main Street Ste B, Goshen, IN 46526 (574) 534 - 2025

Our ENT team provides advanced treatment and surgical care for patients with disorders of the head and neck, including ears, nose and throat.

Meet our ENT, Speech & Audiology Team

Our specialists in ear, nose and throat medicine evaluate and treat adults and children with head and neck disorders.

Clinic Hours

Monday – Thursday, 8:00 a.m. – 5:00 p.m.

Friday, 8:00 a.m. – 12:00 p.m.

Savita Collins, MD

Otolaryngology (Ear, Nose and Throat)

Alexa Liberi, MA, CCC-SLP

Otolaryngology (Ear, Nose and Throat)

Darah Regal, AuD

Otolaryngology (Ear, Nose and Throat)

MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

Goshen Physicians

ENT New Patient Referral Form

Dr. Savita Collins, MD
Dr. Darah Regal, AuD
Alexa Liberi, MA, CCC-SLP

Please complete this form and fax it, along with all **pertinent medical records** (progress notes, imaging, labs, operative reports, etc.) along with a **copy of the patient's insurance card and demographics.**

Patients will not be scheduled until we receive this completed form and medical records.

Name:_____Date of Birth:_____

Phone:_____

Address:_____

SS#:_____

Insurance: (Primary)_____(Secondary)_____

Primary Language:_____

Interpreter Needed: Yes:_____ No:_____

Latex Allergy: Yes:_____ No:_____

REFERRING PROVIDER_____

Reason for referral (with ICD-10 codes):

Current Medications (including OTC):

Allergies:_____

Form completed by:_____Phone:_____Date:_____

RETURN FAX TO: (574) 534-2042 PHONE: (574) 534-2025

Office: 2012 S. Main Street Suite B, Goshen IN 46526

Goshen Physicians

GASTROENTEROLOGY

1615 Winsted Dr, Goshen, IN 46526 (574) 537 - 1625

Our gastroenterology specialists treat a wide range of digestive disorders in the stomach, liver, intestines, esophagus and pancreas. We evaluate and treat a broad spectrum of digestive disorders, and offer in-office and outpatient procedures. The Goshen Surgery Center is a convenient option for many outpatient gastroenterology procedures.

Gastroenterology & Digestive Disorders Team

From initial screening and diagnosis to treatment and beyond, our gastroenterology specialists work together to deliver the best possible care that fits your needs.

Clinic Hours
Monday – Thursday, 8:00 a.m. – 5:00 p.m.
Friday, 8:00 a.m. – 12:00 p.m.

Ross Heil, DO

Salim Jaffer, MD

Melissa Larson, MSN, RN, FNP-C

Amy Pointon, MSN, RN, SNC, FNP-BC

Sadat Rashid, MD
Interventional Gastroenterology

Lindsay Tomkiewicz, MSN, FNP-C

MEET OUR PROVIDERS
Learn more about our providers and their practices in our video library.

Goshen Physicians
GASTROENTEROLOGY

Ross Heil, DO | Salim Jaffer, MD | Sadat Rashid, MD
Melissa Larson, NP | Amy Pointon, NP | Lindsay Tomkiewicz, NP
1615 Winsted Drive, Goshen, IN 46526
p (574) 537-1625 | f (574) 537-9384

New Patient Referral Form

☐ **OFFICE CONSULT** ☐ **DIRECT ACCESS FIBROSCAN*** ☐ **DIRECT ACCESS EGD**
☐ **DIRECT ACCESS COLONOSCOPY**

In order to process a referral, **fill out the form completely** and please **supply all the requested records**. Referrals that do not have all of the completed information will be delayed in processing until all records are received.

*FIBBROSCAN referrals: include CBC, CMP or Hepatic Function Panel in the last 3 months, if available.

Please fax records to (574) 537-9384.

Patient Name: _____DOB: _____AGE:_____

Reason for referral (with ICD-10 codes): _____

_____

Allergies: _____Latex Allergies? YES or NO

Interpreter needed? YES or NO Primary Language: _____ Date of Referral: _____

Referring Provider: _____ Office Number: _____

Office Fax: _____ Form completed by: _____

☐ **DEMOGRAPHICS** (contact information, social security number and release of information forms)

☐ **INSURANCE INFORMATION** (front and back card copies)

☐ **RECENT HEIGHT, WEIGHT AND CO-MORBIDITIES** (required for screening colonoscopies)

☐ **MEDICATION LIST** (with over-the-counter and herbal remedies)

☐ **LAST TWO OFFICE NOTES** (from referring/primary physician)

☐ **PAST COLONOSCOPY REPORTS WITH PATHOLOGY**

☐ **PAST EGD REPORTS WITH PATHOLOGY** (include dilation reports, BRAVO pH or Impedance testing)

☐ **GI RELATED IMAGING** (CT scans, X-Rays, MRI, Ultrasounds, etc. in the past year)

☐ **PRIOR GASTROINTESTINAL SURGERY** (include health system and surgeon)

☐ **GI RELATED TESTING** (gastric emptying studies, anorectal or esophageal manometry, cookie swallows, esophogram, capsule endoscopy, etc.)

☐ **GI RELATED LABS**: (CBC, CMP, PT/INR Liver profile, Hepatitis, Stool, IBD, etc. within the past year; Prometheus labs for IBD patients)

☐ **GI RELATED EMERGENCY ROOM REPORTS** (abdominal pain, nausea/vomiting, diarrhea, swallowing difficulties, hematochezia, etc. within the past six months

Goshen Heart &
Vascular Center

1855 S Main St, Goshen, IN 46526 (574) 533 - 7476 · 16605 IN-23, South Bend, IN 46635 574) 533 - 7476

We work as a team to provide award-winning heart attack care while emphasizing prevention and healing. Our facilities are top-of-the-line—supporting our expert cardiologists, radiologists and surgeons in their minimally invasive procedures to restore blood flow throughout the body and help restore circulation to at-risk limbs.

Heart & Vascular Team

Our dedicated cardiologists work with electrophysiologists, radiologists, nurse practitioners, pulmonologists and surgeons to meet the needs of heart and vascular patients. Our multidisciplinary approach translates into regular daily and weekly group consultations, as well as an open office work environment.

Clinic Hours

Monday – Thursday, 8:00 a.m. – 5:00 p.m.

Friday, 8:00 a.m. – 12:00 p.m.

Charles Bower, MD, FACR

Interventional Radiology

Nathaniel Dew, MD, FACS

General Surgery, Vascular Surgery

Thomas Etter, MD

General Surgery

Djavid Hadian, MD

Electrophysiology

Farid Jalinous, MD, FACC, FSCAI

Interventional Cardiology

Kim Kahler, MSN, ACNP-BC

Sreenivas Kamath, MD, FACC, FSCAI

Interventional Cardiology

Jami Kamp, MSN, FNP-BC

Ram Khattri Chettri, MBA, MS, MATS, FNP-C

Justin Lightburn, MD

Interventional Radiology

Blair MacPhail, MD, FACC

Interventional Cardiology

Nickie Ralston, MSN, FNP-C

Abrar Sayeed, MD

Invasive Cardiology

MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

Goshen Hospital

Cardiopulmonary Rehab Services
1855 South Main St., Suite B
Goshen, IN 46526
Office 574-364-2587 Fax 574-364-2531

Patient Name _____	Ordering Physician Signature _____
Date of Birth _____Social Security _____	Ordering Physician _____
Address _____	
City _____State _____Zip _____	Primary Care Physician _____
Telephone # _____	Send Copy To _____
	Fax Results To _____
Primary Insurance _____	
Primary Policy # _____Group # _____	Diagnosis #1 _____ICD-10 Code _____
	Diagnosis #2 _____ICD-10 Code _____
Secondary Insurance _____	Diagnosis #3 _____ICD-10 Code _____
Secondary Policy # _____Group # _____	Diagnosis #4 _____ICD-10 Code _____

Tobacco Education Referral Form

Date of referral: _____

❑ Tobacco Cessation Education

- *1 to 4 education appointments as needed*
- *One-on-one education provided by certified Tobacco Treatment Specialist*

❑ Other: _____

PLEASE FAX COMPLETED FORM TO
574-364-2531

Goshen Hospital

Cardiopulmonary Rehab Services
1855 South Main St., Suite B
Goshen, IN 46526
Office 574-364-2587 Fax 574-364-2531

Patient Name _____	Ordering Physician Signature _____
Date of Birth _____Social Security _____	Ordering Physician _____
Address _____	
City _____State _____Zip _____	Primary Care Physician _____
Telephone # _____	Send Copy To _____
	Fax Results To _____
Primary Insurance _____	
Primary Policy # _____Group # _____	Diagnosis #1 _____ICD-10 Code _____
	Diagnosis #2 _____ICD-10 Code _____
Secondary Insurance _____	Diagnosis #3 _____ICD-10 Code _____
Secondary Policy # _____Group # _____	Diagnosis #4 _____ICD-10 Code _____

Cardiac Rehabilitation Referral Form

Date of referral: _____

Date of qualifying event: _____

❑ Cardiac Rehab

For required safety and admission qualifications, I authorize the following:

- Rehab staff to develop Individualized Treatment Plan/Exercise Rx for Medical Director to review and approve on admission to the program and every 30 days until discharge from program
- 6 Minute Walk Test pre and post program
- Cardiopulmonary Stress Test pre-program (as indicated by HF stratification)
- 12 Lead EKG within 3 months of the qualifying event

❑ Intensive Cardiac Rehab *(Ornish Lifestyle Medicine)*

For required safety and admission qualifications, I authorize the Cardiac Rehab requirements listed above, in addition to:

- Labs pre program (if no draw in the past 3 months) and post program including lipids, HgbA1c and hsCRP
  - ✓ **Diagnosis #1 _____ICD-10 Code _____**
  - ✓ **Diagnosis #2 _____ICD-10 Code _____**

I hereby certify that the above patient is medically able to participate in Cardiac Rehab.

PLEASE FAX COMPLETED FORM TO
574-364-2531

Goshen Heart & Vascular Center

1855 S. Main St. Suite A
Goshen IN, 46526

Cardiology– New Patient Referral Form

Dr Farid Jalinous, Interventional Cardiology
Dr Sreenivas Kamath, Interventional Cardiology
Dr. Blair MacPhail, Interventional Cardiology
Dr. Abrar Sayeed, General Cardiology
Dr. Djavid Hadian, Electrophysiology

Please complete this form and fax it, along with last office visit notes, Recent Medication list, recent labs, recent EKG/ECG, Echo's, Stress Tests, Heart Catheterization, Arteriograms, Carotid Ultrasound, along with a **copy of the patient's insurance card and demographics.**

If an echo/heart catheterization is done outside of Goshen Health, please make a copy on a CD. You can either mail a copy or send a copy with the patient.

Patients will not be scheduled until we receive this completed form along with medical records.

For urgent request please call our office to alert us after records have been faxed.

Name: _____Date of Birth: _____

Phone: _____

Address:

_____

SS#:_____

Insurance: (Primary)_____(Secondary)_____

Primary Language: _____

Interpreter needed Yes: _____ No: _____

REFERRING PROVIDER: _____

Reason for referral (with ICD---10 codes):

_____

RETURN FAX TO: (574) 533-7145 Attn. Sheila Pace Phone (574) 364-3921

Goshen Heart & Vascular Center

1855 S. Main St. Suite A
Goshen IN, 46526
New Patient Referral Form

Vascular Surgery:
Dr. Nathaniel Dew MD and Thomas Etter, MD

Vascular & Interventional Radiology:
Dr. Justin Lightburn MD and Dr. Charles Bower MD

Please complete this form and fax it, along with last office visit notes, lab testing, medication list, Imaging, ultrasound (reports and outside films) along with a **copy of the patient's insurance card and demographics.**

If imaging is done outside of Goshen Health, please make a copy on a CD or send through PACS. You can either mail a copy attention Sheila Pace or send a copy with the patient.

Patients will not be scheduled until we receive this completed form.

Name: _____Date of Birth: _____

Phone: _____

Address:
_____

SS#:_____

Insurance: (Primary)_____(Secondary)_____

Primary Language: _____

Interpreter needed Yes: _____ No: _____

REFERRING PROVIDER: _____

Reason for referral (with ICD—10 codes):
_____

RETURN FAX TO: (574) 533-7145 ATTENTION: Sheila Pace
Sheila Pace/Heart & Vascular Center Referral Specialist-574-364-3921

Goshen Hospital

Cardiopulmonary Rehab Services
1855 South Main St., Suite B
Goshen, IN 46526
Office 574-364-2587 Fax 574-364-2531

Patient Name _____	Ordering Physician Signature _____
Date of Birth _____Social Security _____	Ordering Physician _____
Address _____	
City _____State _____Zip _____	Primary Care Physician _____
Telephone # _____	Send Copy To _____
	Fax Results To _____
Primary Insurance _____	
Primary Policy # _____Group # _____	Diagnosis #1 _____ICD-10 Code _____
	Diagnosis #2 _____ICD-10 Code _____
Secondary Insurance _____	Diagnosis #3 _____ICD-10 Code _____
Secondary Policy # _____Group # _____	Diagnosis #4 _____ICD-10 Code _____

Pulmonary Rehabilitation Referral Form

Date of referral: _____

❑ Pulmonary Rehab Program (up to 36 sessions, 3/week)

For required safety and admission qualifications, I authorize the following:

- Full PFT (if not done within the last 3 months).
- 12 lead EKG (if not done within the last 6 months).
- Initiate/titrate supplemental oxygen PRN during exercise.
- Rehab staff to develop Individualized Treatment Plan/Exercise Rx for Medical Director review/approval, initially and Q30 days until discharge.

❑ Post COVID-19 Pulmonary Rehab Program (up to 36 sessions, 3/week)

For required safety and admission qualifications, I authorize the following:

- 12 lead EKG (if not done within the last 6 months).
- Initiate/titrate supplemental oxygen PRN during exercise.
- Rehab staff to develop Individualized Treatment Plan/Exercise Rx for Medical Director review/approval, initially and Q30 days until discharge.

I hereby certify that the above patient is medically able to participate in Pulmonary Rehab.

PLEASE FAX COMPLETED FORM TO 574-364-2531

NeuroCare Center

GOSHEN PHYSICIANS

2832 Elkhart Rd. Goshen, IN 46526 (574) 537 - 0219

At the NeuroCare Center, our team offers a state-of-the-art neurologic diagnostic and treatment center for patients and their families residing in Northern Indiana and Southern Michigan. Providing advanced diagnostic procedures, MRI imaging, lab and infusion services, this center delivers the best care for patients available at a single location.

Nerve Disorders & Neurology Team

Our neurology team specializes in caring for patients with a wide range of conditions that affect the brain, spinal cord and nerves.

Clinic Hours
Monday – Friday, 8:00 a.m. – 4:30 p.m.

Beth Jones, RN, MSN,FNP-BC
Neurology

Leah Miller, RN-C, MSN, FNP
Neurology

Liz Nafziger, MD
Neurology, Palliative Medicine

Jody Neer, MD
Neurology

MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

NeuroCare Center
GOSHEN PHYSICIANS

New Patient Referral Form

NeuroCare Center 2832 Elkhart Rd, Goshen IN, 46526

Service Request: ☐ **Consult** ☐ **EMG/NCV** ☐ **EEG**

To ensure prompt scheduling, please include the following items with the referral form and fax to (574) 534-0435.

- ✓ Copy of patient's insurance card and demographic Information.
- ✓ Office notes or records supporting the need for the requested service.
- ✓ Diagnostic imaging reports, if applicable.
- ✓ Lab reports, if applicable.
- ✓ Previous neurologist notes, if available.

URGENT REQUESTS, please call the office at (574) 537-0219 to speak with a provider.

Patient Name: _____Date of Birth: _____

Phone: _____

Primary Language: _____ Interpreter Need? Yes: _____ No: _____

Reason for Referral _____

Referring Provider: _____

Office Contact: _____

Office Phone: _____ Office Fax: _____

Thank you for the referral. We are committed to providing compassionate, comprehensive, quality care to all patients we serve.

RETURN FAX TO: (574) 534-0435 OFFICE PHONE: (574) 537-0219

Goshen Orthopedics

GOSHEN PHYSICIANS

1824 Dorchester Ct, Goshen, IN 46526 (574) 534 - 2548 · 1953 Waterfall Dr, Nappanee, IN 46550 (574) 534 - 2548 · 851 Parkway Ave, Elkhart, IN 46516 (574) 534 - 2548

We take an all-inclusive approach to caring for patients bones, muscles and joints. From diagnosis and treatment through rehabilitation and follow-up care, we're dedicated to getting your patients back to enjoying life.

Goshen Orthopedics Team

Our entire team is here to help you heal!

We take the time to get to know your needs and lifestyle – offering surgical and non-surgical solutions that reduce pain and put you on the road to recovery.

Clinic Hours
Monday, 6:00 a.m. – 5:00 p.m.
Tuesday, 8:00 a.m. – 5:00 p.m.
Wednesday – Friday, 6:00 a.m. – 5:00 p.m.

Eric Brown, MSN, NP-C

Orthopedic Surgery and Sports Medicine

Quentin Cave, LAT, ATC

Athletic Training

Maritza Chavez Stahly, MAT, LAT, ATC

Athletic Training

Nicholas DeFauw, DO

Sports Medicine

Kevin Houseman, DPM

Podiatry

Jeffery Lain, FNP-C, CRNFA

Orthopedic Spine Surgery, Orthopedic Surgery and Sports Medicine

Lindsay Neff, MSN, FNP-C, ONP-C

Orthopedic Surgery and Sports Medicine

Christopher Owens, MD

Orthopedic Surgery and Sports Medicine

Alex Serwatka, LAT, ATC

Athletic Training

Scott Swanson, MD

Orthopedic Hand Surgery

MEET OUR PROVIDERS

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Goshen Orthopedics
GOSHEN PHYSICIANS

Goshen Orthopedics
1824 Dorchester Ct. Suite A
Goshen, IN 46526

Hours of operation: Mon-Fri, 6 a.m. to 5 p.m.
Except Tues 8 a.m. to 5 p.m.
To schedule: please call (574) 534-2548
Fax order to: (574) 534-3622

Patient Name _____

Date of Birth_____Social Security # _____

Address _____

City_____State_____Zip _____

Telephone # _____

Primary Insurance _____

Primary Policy #_____Group # _____

Secondary Insurance _____

Secondary Policy #_____Group # _____

Ordering Physician Signature _____

Ordering Physician (Print) _____

Primary Care Physician_____

Send Copy to _____

Fax Results to _____

Diagnosis #1_____ICD-10 Code _____

Diagnosis #2_____ICD-10 Code _____

Diagnosis #3_____ICD-10 Code _____

Diagnosis #4_____ICD-10 Code _____

Request for Opinion

Consult Request to**:** _____

A request for opinion and consult for the above-named patient is being sent to Goshen Orthopedics for the following reasons:

_____

_____

The physician requesting this opinion understands that the consulting physician may initiate treatment or perform medically necessary diagnostics for this patient. The consulting physician will send the requesting physician an opinion and plan of care.

****Please sign and return by fax to 574-534-3622****

This portion to be completed by Goshen Orthopedics

Appointment Date: _____

Confirmation fax sent to requesting physician: Today's date _____

Attending Physician: _____
(Please print)

1824 Dorchester Ct., Suite A, Goshen, IN 46526
Ph. (574) 534-2548 | Fax (574) 534-3622

K. Carlson, DO *C. Owens, MD*
N. DeFauw, DO *K. Houseman, DPM*
E. Brown, NP *J. Lain, NP* *L. Neff, NP*

Goshen Rehabilitation

1824 Dorchester Ct. Ste. B, Goshen, IN 46526 (574) 537 - 0962 · 1953 Waterfall Dr. Ste. B, Nappanee, IN 46550 (574) 773 - 3038
· 1033 N. Indiana Ave. Ste C, Syracuse, IN 46567 (574) 457 - 2213

Following an injury, illness, surgery or trauma, Goshen Rehabilitation can help your patients (adults and children) achieve their highest potential. We offer a complete range of rehabilitative care, including physical therapy, occupational therapy and speech therapy.

MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

Goshen Physicians

SLEEP & ALLERGY MEDICINE

2417 Berkshire Dr. Goshen, IN 46526 (574) 534 - 9911

Your patients can get the relief they desire with treatment from our specialists at Goshen Physicians Sleep & Allergy Medicine. Our approach to care starts by looking at the real reasons for your patients' restless sleep or trouble inhaling and exhaling a full dose of air. We then design a treatment plan specific to your pateints' needs and preferences.

Sleep & Allergy Medicine Care Team

Goshen Physicians Sleep & Allergy Medicine offers a full range of treatment options, including immunotherapy injections, environmental controls and lifestyle changes. Our team of experts, including a board certified sleep specialist, can help you get the relief you want and the sleep you need.

Clinic Hours
Monday – Thursday, 8:00 a.m. – 5:00 p.m.
Friday, 8:00 a.m. – 12:00 p.m.

Sultan Niazi, MD

Critical Care Medicine, Internal Medicine, Sleep & Allergy Medicine

Katherine O'Toole, NP-C

Sleep & Allergy Medicine

Deborah Risa, NP-C

Sleep & Allergy Medicine

MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

Goshen Physicians
SLEEP & ALLERGY MEDICINE

REFERRAL FORM

Sultan Niazi, MD, Deborah Risa, NP-C, Katherine O'Toole, NP-C
2417 S Berkshire Drive
Goshen, IN 46526
Phone: (574)534-9911
Fax: (574) 534-6915

NAME:_____ SEX:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:_____ CELL:_____

DATE OF BIRTH:_____

REFERRING PROVIDER:_____

PHONE:_____ FAX:_____

INSURANCE:_____

REASON FOR CONSULT:_____

_____

- SLEEP CONSULT- evaluate and treat
- SLEEP STUDY
- ALLERGY CONSULT
- ALLERGY TESTING

In addition to this form please send the following:

- Demographic sheet
- Office notes
- Insurance card(s)
- Any sleep studies (if patient has had prior studies)

Goshen Physicians

UROLOGY

1615 Winsted Dr. Goshen, IN 46526 (574) 533 - 8420

Our urology team specializes in diagnosing and treating problems with the male and female urinary tract and male reproductive organs.

Urology Team

Our urology team is highly trained in diagnosing and treating diseases and disorders of the urinary tract system.

Clinic Hours

Monday, Tuesday & Thursday, 9:00 a.m. – 5:00 p.m.

Friday, 9:00 a.m. – 12:00 p.m.

Kristin Abbs, MSN, APRN, FNP-C, FNP-BC

Urology

Jeffrey Bolduan, MD

Urology

Morgan Danielson, MSN, APRN, FNP-BC, CUNP

Urology

Anthony Gauthier, Jr., MD

Urology

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Goshen Physicians
UROLOGY

Urology – New Patient Referral Form
Dr. Jeffrey Bolduan, MD
Kristin Abbs, NP

Please complete this form and fax it, along with all **pertinent medical records** (progress notes, imaging, PSA, labs, operative reports, pathology) along with a **copy of the patient's insurance card and demographics.**
Patients will not be scheduled until we receive this completed form and medical records.

Name: _____Date of Birth:_____

Phone:_____

Address:_____

SS#:_____

Insurance: (Primary)_____(Secondary)_____

Primary Language:_____

Interpreter needed Yes:_____ No:_____

Latex Allergy Yes: _____ No:_____

REFERRING PROVIDER:_____

Reason for referral (with ICD---10 codes):
_____

Current Medications (including OTC):
_____

Allergies:
_____

Form completed by: _____ Phone: _____ Date:_____

RETURN FAX TO : **(574) 534-5722** **PHONE:** **(574) 533-8420**

Office: 1615 Winsted Drive, Suite 4

Goshen, IN 46526

Goshen Physicians

CENTER FOR WEIGHT REDUCTION

2024 Dorchester Ct. Ste 1 Goshen, IN 46526 (574) 537 - 8326

At Goshen Physicians Center for Weight Reduction, our team provides the tools patients need to meet their weight loss goals. These include dedicated specialists equipped with the most advanced research and technology.

Bariatrics & Managed Weight Team

You can lose weight, and we can help! Our caring and compassionate weight loss experts support you every step of the way. Everyone is deeply committed to the art of caring for you.

Clinic Hours

Monday – Thursday, 8:00 a.m. – 5:00 p.m.

Friday, 8:00 a.m. – 4:00 p.m.

Mallory Grossman, MSN, BSN, FNP, RN

Bariatric Medicine

Kathleen Meier, RNC, MSN, ANP

Bariatric Medicine

Denise Murphy, MD, FACS

Bariatric Medicine, General Surgery

Catherine Wesson, MSN, FNP-C, RN, CAPA

Bariatric Medicine

MEET OUR PROVIDERS

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Goshen Health

Goshen Wound Center
2006 S Main St Suite B
Goshen, Indiana 46526
(574) 364-4560

Hours of Operation Monday - Friday 8 am - 5 pm
To Schedule Please Call (574) 364-4560
Fax Order To (574) 364-4561

Appointment Date and Time: _____

Patient Name _____
Date of Birth _____Social Security # _____
Address _____
City _____ State _____ Zip _____
Telephone # _____

Primary Insurance _____
Primary Policy # _____ Group # _____

Secondary Insurance _____
Secondary Policy # _____ Group # _____

Ordering Physician Signature _____
Ordering Physician _____

Primary Care Physician_____
Send Copy To _____
Fax Results To _____

Diagnosis #1 _____ ICD-10 Code _____
Diagnosis #2 _____ ICD-10 Code _____
Diagnosis #3 _____ ICD-10 Code _____
Diagnosis #4 _____ ICD-10 Code _____

FAX REFERRAL FORM

Today's date: _____

Does the patient have an open wound? ❑ Yes ❑ No

Is the patient an inpatient in a Skilled Nursing Facility? ❑ Yes ❑ No

If yes, is the patient under a Part A Medicare stay? ❑ Yes ❑ No

Wound #1	Wound #2
❑ Right Leg	❑ Right Leg
❑ Left Leg	❑ Left Leg
❑ Right Foot	❑ Right Foot
❑ Left Foot	❑ Left Foot
❑ Coccyx / Sacrum	❑ Coccyx / Sacrum

❑ Other (specify): _____

Please send a copy of patient's History and Physical, a recent Progress Note, most recent Labs, Vascular Studies, X-ray/imaging, current problems and Medication List, a current Face Sheet, and Insurance Card when faxing referral.
Thank you.

FOR OFFICE USE ONLY

Appointment Date: _____

Appointment Time: _____

Confirmation Call Made: _____

Goshen Physicians

OB/GYN

1122 Professional Dr. Goshen, IN 46526 (574) 533 - 0560

We know women's health needs are ever-changing and complex. That's why we provide comprehensive care for women of all ages. Our OB/GYN team provides a continuum of care for women from adolescence and pregnancy through menopause and beyond. We offer services ranging from prenatal care and family planning to hormone replacement therapy and everything in between.

OB/GYN Team

Our OB/GYN team provides a continuum of care for women from adolescence and pregnancy through menopause and beyond. We offer services ranging from prenatal care and family planning to hormone replacement therapy and everything in between.

Clinic Hours
Monday – Thursday, 8:00 a.m. – 5:00 p.m.
Friday, 8:00 a.m. – 4:00 p.m.

Danae Bell, MSN, FNP-BC, RNC-OB

Obstetrics & Gynecology

James Frimpong, MD, FACOG

Obstetrics & Gynecology

Sharrell Gibson, MD

Obstetrics & Gynecology

Rebecca Gindelberger, DO

Obstetrics & Gynecology

Hollyann Lambdin, ACNP, BC

Obstetrics & Gynecology

James Lindemulder, DO

Obstetrics & Gynecology

Carissa May, MD

Obstetrics & Gynecology

Kelly Simpson, MSN, WHNP, RNC-OB

Obstetrics & Gynecology

Lorraine Weaver, MD

Obstetrics & Gynecology

MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

Goshen Physicians

OB/GYN
1122 Professional Dr.
Goshen, IN. 46526
574-533-0560-Phone
574-533-1716-Fax

Consultation / Referral Request Form

Date: _____ ___ Incoming Request ☐ Outgoing Request ☐

Referring Dr.: _____ ____ ___ ____ _ _____ ____ ____ ____ ____ ____

Person Calling: _____ ____ ____ ____ _____ ____ ____ ____ ____ ____

Contact Phone #: _____ ____ ____ ____ _Fax: _____ ____ ____ ____

Patient Information:
Name: _____ ____ ____ ____ ___ _ _____ ____ ____ ____ ____ ____
First Middle Last
DOB: _____ __SS#___ ____ ____ ____ _____ Language_____ ____

Address: _____ ____ ____ ____ ____ ____ _____ ____ ____ ____ ____ ____

Phone #: _____ ____ ____ ____ ___Alternate #: _____ ____ ____

Insurance: _____ ____ ___ ____ ____ _ _____ ____ ____ ____ ____ ____

Consult Only ☐ Consult and Treat ☐ Transfer of care ☐

Reason for referral:

Requested Provider _____ Appt Date/Time _____

Goshen Wound Center

2006 S Main St. Goshen, IN 46526 (574) 364 - 4560

Our multidisciplinary, integrated approach at Goshen Wound & Hyperbaric Center offers patients a team of specially trained doctors, nurses and technicians. For patients suffering from diabetic, neuropathic or pressure ulcers, venous insufficiency, traumatic wounds, surgical wounds, vasculitis, burns or any other chronic, non-healing wound – we can help. At Goshen Wound & Hyperbaric Center, we treat a wide range of wounds associated with complications from diabetes, vascular disorders and trauma.

Wound Care

Our wound care doctors, nurses and technicians are specially trained in the latest treatments and technology available.

Clinic Hours
Monday – Friday, 8:00 a.m. – 4:30 p.m.

Nathaniel Dew, MD, FACS
General Surgery, Vascular Surgery

Daniel Diener, MD
General Surgery, Vascular Surgery

Thomas Etter, MD
General Surgery

Kevin Gerig, MD, FACS
General Surgery, Vascular Surgery

Kevin Houseman, DPM
Podiatry

Mark Ranzinger, MD, FACS
General Surgery, Thyroid Surgery

Jonathan Schrock, MD
Pain Management

Levi Smucker, MD
General Surgery

Tracy Vander Reyden, NP
General Surgery

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Goshen Health

Goshen Wound Center
2006 S Main St Suite B
Goshen, Indiana 46526
(574) 364-4560

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To Schedule Please Call (574) 364-4560
Fax Order To (574) 364-4561

Appointment Date and Time: _____

Patient Name _____
Date of Birth _____Social Security # _____
Address _____
City _____ State _____ Zip _____
Telephone # _____

Primary Insurance _____
Primary Policy # _____ Group # _____

Secondary Insurance _____
Secondary Policy # _____ Group # _____

Ordering Physician Signature _____
Ordering Physician _____

Primary Care Physician_____
Send Copy To _____
Fax Results To _____

Diagnosis #1 _____ ICD-10 Code _____
Diagnosis #2 _____ ICD-10 Code _____
Diagnosis #3 _____ ICD-10 Code _____
Diagnosis #4 _____ ICD-10 Code _____

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Today's date: _____

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Please send a copy of patient's History and Physical, a recent Progress Note, most recent Labs, Vascular Studies, X-ray/imaging, current problems and Medication List, a current Face Sheet, and Insurance Card when faxing referral.
Thank you.

FOR OFFICE USE ONLY

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Appointment Time: _____

Confirmation Call Made: _____