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Self-Referral Form

****HMO insurances and Patients under 18 years old are required to have a referral from their Primary Care Physician to schedule with our office****

Follow these 3 steps for the self-referral.

Step 1: Verify you need a Neurologist. Common conditions treated by Neurologists may be viewed on our website under the ‘Services’ tab. We do NOT treat the following conditions for which you should seek out another specialist:

- Depression
- Anxiety
- Bipolar
- Schizophrenia
- Schizophrenia
- Tourettes Syndrome
- Tic Disorders
- Fibromyalgia
- ADD/ADHD
- OCD
- Cystic Fibrosis
- Rheumaty Arthritis
- Sickle Cell Anemia
- Down Syndrome
- Celiac Disease

Step 2: Please complete the following form and email to: frontdesk@fcneuro.com or Fax to: 904-730-3688. If you have any questions, call 904-730-3689 Option 2. Please allow at least 2 business days for our office to complete insurance verification and we will call to schedule your appointment.

First Name:	Last Name:
Date of Birth:	Gender: <input type="radio"/> Female <input type="radio"/> Male
Cell Phone:	Email:
Address:	Preferred Method of Appointment Reminder Notification <input type="radio"/> Text <input type="radio"/> Phone Call <input type="radio"/> Email
Insurance Carrier Name:	Member ID:

NOTE: If your insurance is Tricare – you must call us with your SSN as well. Do not write your SSN on this form.

Step 3: Print the New Patient Paperwork from www.fcneuro.com under the ‘Forms’ tab, complete it and bring it to your scheduled visit. We look forward to seeing you!