MĂBI
Mid America Balance Institute
Vestibular and Balance Evaluation and Rehabilitation

MABI REFERRAL FORM
Phone: (816) 246-1456|Fax: (816) 286-2774

Patient Name: _____ DOB: _____ Today's Date: _____

Patient Phone: Home : _____ Mobile : _____ Work : _____

Patient's Primary Insurance:_____

Diagnosis or Reason for Referral: _____

Referring Provider's Office Name:_____

Referring Provider's Office Phone Number: _____ Fax Number: _____

☐ COMPREHENSIVE VESTIBULAR EVALUATION & TREATMENT

CORE COMPREHENSIVE VESTIBULAR AND BALANCE TEST BATTERY

Comprehensive Audiogram (except when performed in the last 12 months)	**VNG (Video Nystagmography)**
Binaural, Bithermal Caloric Irrigations, VEMP, ABR, EcochG	**Video Head Impulse Test of all 6 SCC's (VHIT)**
Rotational Chair Testing	**Standardized Balance-focused Impairment & Functional Tests performed by PT/OT**
Balance-focused History & Examination	**Functional Outcome Assessments**

☐ **EVALUATION & TREATMENT for THERAPY only:** If patient is an appropriate candidate for Vestibular and Balance Rehabilitation Therapy (VRT), MĂBI will provide VRT or will contact referring provider to arrange VRT at a PT clinic selected by the patient.

Referring Provider/Physician (Print):_____ NPI:_____

Physician Signature: (Required):_____

Please include the following:

- **Patient Demographic Page**
- **Copy of Insurance Cards**
- **Recent Audiogram**
- **MRI of Brain, MRA of brainstem and/or CT of Head reports**