

MSU Department of Neurology and Ophthalmology

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THANK YOU for your referral!

We received a referral from your office on the following patient:

_____ (DOB _____)



In order to help us better schedule and care for this patient, we would like the following information based on the referring diagnosis:

*** Required**

Neuro-Ophthalmology-

- ☐ Ophthalmologic examination or visual testing*
- ☐ Radiology: MRI/CT of head *
- ☐ Blood work (1 year)*
- ☐ Cardiology testing (Carotid Doppler, echocardiogram)

Seizures, Syncope-

- ☐ EEG's*
- ☐ Radiology: MRI/CT of head *
- ☐ Blood work (1 year)*
- ☐ Cardiology work-up
- ☐ Epilepsy monitoring unit results

Vascular neurology (Stroke/TIA, AVM, aneurysm)-

- ☐ Radiology: MRI/CT of head *
- ☐ Carotid Doppler, echocardiogram*
- ☐ Recent lipid profile*
- ☐ Blood work (1 year)*
- ☐ Prior aneurysm clippings or coilings.

Movement Disorders (Parkinson's, Tremor)-

- ☐ Radiology: MRI/CT of head *
- ☐ Blood work (1 year)*
- ☐ All office notes *
- ☐ EMG's

Multiple Sclerosis-

- ☐ All previous MRI scans (Brain, spinal cord)*
- ☐ Blood work (1 year)*
- ☐ Lumbar puncture results

Cognitive complaints (memory loss, dementia)-

- ☐ Radiology: MRI/CT of head (last 5yrs)*
- ☐ Blood work from last year*
(CBC, Comp. panel, UA, RPR, Sed. Rate/ESR, TSH, Folate, B12)
- ☐ Any neuropsychological testing*
- ☐ Last 2-3 office visits *
- ☐ Complete medication list*

Neuromuscular examinations (weakness/parasthesias/numbness)-

- ☐ Any prior EMG's
- ☐ Any previous MRI scans*
- ☐ Blood work (1 year)*
- ☐ Previous Muscle biopsy

General Neurology-

- ☐ All office notes *
- ☐ Blood work from last year*
- ☐ Radiology: MRI/CT of head, spine
- ☐ EMGs
- ☐ EEGs

Please check off the additional information you fax back and then we will contact your patient for scheduling. Again, thank you for your referral!