

# MSU Department of Neurology and Ophthalmology

804 Service Rd East Lansing, MI 48824 Phone 517-353-8122 Fax 517-432-3713

New patient Referral Form      Urgent \_\_\_\_ ASAP \_\_\_\_ Routine \_\_\_\_



Referral to: Please circle the type of clinic you are requesting.

- |                     |                          |
|---------------------|--------------------------|
| General Neurology   | Neuro-Ophthalmology      |
| Geriatric Neurology | Movement disorders       |
| Multiple Sclerosis  | Intractable epilepsy     |
| Vascular Neurology  | Interventional Neurology |
| EMG/NCS only        | EEG only                 |
| Pediatric Neurology | Migraine Clinic          |

Diagnosis or suspected diagnosis: \_\_\_\_\_ ICD-9 or ICD-10 code \_\_\_\_\_

Signs and Symptoms: \_\_\_\_\_

May we schedule a diagnostic EEG prior to new patient visit if deemed appropriate?    Yes    No

## Patient information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate # \_\_\_\_\_ SS# \_\_\_\_\_

Insurance: \_\_\_\_\_ Contract # \_\_\_\_\_ Group \_\_\_\_\_ Authorization# if applicable \_\_\_\_\_

Ref Provider \_\_\_\_\_ NPI \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

PCP \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Minimal records required for scheduling-** Most recent H&P, 1 year of labs, and all imaging of brain.

## **Other records requested by referring diagnosis:**

**Neuro-ophthalmology-** Ophthalmologic examination or visual testing, carotid Doppler, echocardiogram, and CT chest.

**Seizures, Syncope-** EEG's, cardiology work-up, or epilepsy monitoring unit results.

**Neuromuscular examinations:** Any prior EMG's

**Vascular neurology-** Carotid Doppler, echocardiogram, recent lipid profile, or prior aneurysm clippings or coilings.

**Cognitive complaints-** Any neuropsychological evaluations.

Thank you for your referral! We look forward to serving all of your patient's neurological needs.

We will contact your patient within 5-7 business days for scheduling. Please ensure that required records are available to expedite the scheduling process. If you do not hear from our office, please feel free to contact the referrals specialist at 517-884-2264 directly after 7 business days.