

Referral to Gundersen Health System Neurosciences

Page 1 of 2

Fax this completed form to Neurosciences Schedulers Fax (608) 775-5263

Records must accompany this referral. Please include documentation, such as: imaging report; copies of images sent via PACS or CD; last notes pertaining to referral reason; lab results; current medications; allergies; etc.

Fax Medical records to Health Information Management/Medical Records (608) 775-4706

Patient information

Patient name: _____ Gender: _____

Patient address: _____

Date of birth: _____ Email: _____ Phone number: _____

Insurance name: _____

(please include copy of front and back of insurance card):

Referring provider information

Referring provider name/address: _____

Phone number: _____ Fax number: _____ Patient's PCP name/address: _____

Appointment request

Reason for referral and outcome you are requesting: _____

Referral to (department):

- ☐ Pain Medicine
(Imaging and Imaging reports required)
- ☐ Pediatric Physical Medicine and Rehabilitation
- ☐ Pediatric Neurology
- ☐ Physical Medicine and Rehabilitation
- ☐ Neuropsychology (Please include Behavior
Medicine notes if applicable)

- ☐ Neurosurgery (imaging and imaging reports
within the last 12 months required)
Please check how Imaging will be shared
with Gundersen Health System
 - ☐ Already within Gundersen Health System
 - ☐ EPIC Care Everywhere
 - ☐ Will be sent from referring facility
(including reports)
 - ☐ Patient will provide CD
 - ☐ No Imaging available
(appointment with PA or NP)

☐ Epilepsy/ Seizure: What is the date of last seizure:

☐ Headache

Symptoms:

☐ Migraine

☐ Other Headache, please add comments

☐ Acute traumatic headache, please refer to PMR/TBI clinic prior to neurology

Is patient currently taking any form of narcotics?

☐ Yes, please inform the patient that headache treatment options may be limited if they are on chronic opioids. Neurology will not manage opioids.

☐ No

☐ Movement Disorder

☐ Describe Symptoms

☐ Symptoms are not medication related

☐ Multiple Sclerosis (MS)

☐ Completed MRI of brain or MRI of cervical/thoracic spine needed

☐ Confirmed diagnosis Yes No

☐ Stroke/TIA

☐ Date of Stroke/TIA _____

☐ Adult Neuromuscular: Is this a consult for diagnosed neuropathy or neuropathic pain management?

If Yes (circle response to each question)

- Has the patient tried and/or failed first line agents (ex. gabapentin, Lyrica)? Yes No
- Has the patient tried and/or failed second line agents (ex. tricyclic/tetracyclic antidepressants)? Yes No
- Has the patient tried and/or failed third line agents (ex. SSRI/SNRI)? Yes No

If No (circle response to each question)

- Does the patient have muscle cramps, weakness, or myalgias? Yes No
- Does the patient have general fatigue? Yes No
- Does the patient have new or worsening numbness? Yes No
- Has the patient had an EMG? (Consider ordering if patient has numbness) Yes No