

Referral to Gundersen Health System Neurosciences

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 PMRTBI 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

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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