



Phone: 402.559.8600 | Fax: 402.559.0598

Neurosciences New Patient Referral Request Form

Patient name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Reason for referral/ diagnosis: \_\_\_\_\_

(Please be specific to ensure we can get the patient scheduled with the correct provider and subspecialty for their symptoms.)

Is there any previous/known neurological diagnosis? \_\_\_\_\_

Referring physician: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

When was the patient last seen by the referring office (MM/YY)? \_\_\_\_\_

Priority status: Routine (next available): \_\_\_\_\_ Urgent (provider review): \_\_\_\_\_

**Patient needs an appointment with:**

Stroke/ Vascular Neurology      Movement Disorder      Multiple Sclerosis/ Neuroimmunology

Neuromuscular      Epilepsy      Neurodegenerative Cognitive Disorders

General Neurology      Specific provider request: \_\_\_\_\_

**\* In order to proceed with processing this NEW patient referral, please send the following information along with this form:**

(NEW patient referrals **will not** be processed until all available information is received.)

- Thorough patient demographics/Insurance cards
- Office notes concerning this neurological issue from the last 10 months.
- All office notes specific to neurological history.
- Labs from the last 12 months
- MRI/ CT scans of brain/spine (Please push all images to UNMC Powershare/PACS)
- EMG/ EEG/ LP
- Neuropsychological testing reports/psych evaluations
- Sleep studies/ autonomic/ genetic testing
- Cardiology reports
- Mayo and or other specialty hospital/clinic reports

**Please email all records and referral to  
neuroreferral@nebraskamed.com.**