



Department of Neurology - New Patient Referral Form

Phone: 402.559.8600 | Fax: 402.559.0598

Please email the referral and patient records to neuroreferral@nebraskamed.com

Thank you for the referral. Please complete this form in its entirety and include the information noted below for the patient to be considered. Once documentation has been received and reviewed, we will contact the patient to schedule an appointment.

Patient name:		MRN:
Date of birth:	Patient phone #:	Date of referral:

List the diagnosis for referral (required for accurate and timely triage):

Indicate that the following records have been sent by: CyncHealth / CareEverywhere Fax (402.559.0598)

- Patient demographics / insurance cards.
- Office and / or hospital notes.
- Neurology office or consult notes and testing about diagnosis from the last six months.
- Blood work, CSF studies, EMG studies, EEG studies, LP.
- Sleep studies / Autonomic / Genetic testing.
- MRI / CT or other imaging reports - please push all images to UNMC PowerShare / PACS.

Indicate that image studies have been sent by: direct upload to server mail (CD-ROM)

Referring physician and phone: _____ Fax: _____

Select a Division Specialty below and fax / push the required materials to expedite triage of the referral. If no box is selected, the referral will be denied.

Check here if evaluation for medical Botox, spasticity or deep brain stimulator.

<p>Stroke / Vascular neurology</p> <ul style="list-style-type: none"> • All MRI / MRA / CT / CTA images and reports. • Cardiology / vascular workup (echo, carotid duplex, including Holter monitor / Zio Patch results). 	<p>Multiple Sclerosis / Neuroimmunology</p> <ul style="list-style-type: none"> • All MRI brain / spine images and reports. • Lab, lumbar puncture / cerebral spinal fluid (LP / CSF results). 	<p>Neurodegenerative cognitive disorders</p> <ul style="list-style-type: none"> • Results of mental status testing (e.g., Mini-Cog, MMSE, MoCA, SLUMS, etc.). • Neuropsychology reports. • Brain MRI / CT images and reports.
<p>General neurology</p> <ul style="list-style-type: none"> • Chief symptoms. • MRI imaging and reports. • Relevant neuro exam findings. 	<p>Epilepsy</p> <ul style="list-style-type: none"> • Brain MRI / CT images and reports. • EEG reports. • Frequency of seizures / episodes. 	<p>Movement disorder</p> <ul style="list-style-type: none"> • Symptom onset / exam findings. • MRI imaging and reports. • EMG / NCV, EEGs and labs. • PT or other treatments.
<p>Neuromuscular - send genetic testing</p> <ul style="list-style-type: none"> • Preferred EMG performed at Nebraska Medicine. • Dysautonomia / POTS needs Autonomic Reflux Screening (ARS). 	<p>** Referrals will not be processed until all imaging is received. **</p>	<p>Priority (routine or urgent)</p> <p style="text-align: center;"><i>If urgent, the referral will not be processed without supporting documentation.</i></p> <p style="text-align: center;">Routine Urgent</p>