



Our office accepts referral for Nerve Conduction, EMG Testing and EEG

Patient Information: Please attach complete demographic sheet to this referral.

Name: _____ DOB: _____ Phone: _____

Reason for Referral: _____

Referring Provider: _____ PCP: _____

If their insurance requires a referral from the PCP, Please make sure this is sent ASAP. The referral must come from the PCP to our providers.

Insurance Policy # and Group # _____

Prior evaluations (when/where, all reports must be attached for referral to be reviewed and processed for an appointment, imaging disc must be provided if they were performed outside Grandview)

Prior Neurology: _____

MRI/MRAs (date/where): _____

CT/CTAs (date/where): _____

EEG (date/where): _____

EMG/NCS (date/where): _____

LP/CSF testing (date/where): _____

Neuropsychology/Cognitive testing (date/where): _____

Last Eye exam (Optometry and/or Ophthalmology): _____

Labs (please send any Neurology relevant labs within the last 12 months)

We are unable to accept referrals for sleep-related diagnosis, Fibromyalgia, Chronic Fatigue Syndrome, Chronic Pain Syndrome, Psychiatric symptoms, Neck and/or Back pain without Neurological deficits, Functional Neurologic Disorder, Pseudoseizure, Conversion Disorder, Dizziness or Vertigo

Specific Referral Questions:

Multiple Sclerosis

New MS diagnosis? _____

Is this a transfer of care or 2nd opinion? _____

Must have all paperwork imaging from diagnosis or last neurologist

Stroke/Neurovascular:

Prior hospitalization or ED (when/where)? _____

Must have prior records and imaging

Dementia/Memory:

1. Must include MMSE, MoCA, SLUMS or other bedside cognitive testing results
2. Up to date basic labs needed with B12 and TSH

Headache: Referrals accepted after both of the below measures have been tried without benefit.

1. Tried at least one preventative medication for at least one month without benefit:

Medication: _____ Date: _____

2. Tried at least one abortive (symptomatic) therapy without benefit.

Therapy/Medication: _____ Date: _____

PLEASE FAX THIS FORM TO 844-772-0468

We will call the patient to schedule their appointment.

You can also send referrals from your EHR to ours through Direct Address

natalya.belotserkovskaya.1@9954.direct.athenahealth.com

james.strong.1@9954.direct.athenahealth.com

Referrals for Nerve Conduction/EMG Testing can be sent to

james.strong.1@9954.direct.athenahealth.com

If you have an urgent physician to physician referral, please call our office at 205-971-3600