

KNS Referral Form

REFERRAL INSTRUCTIONS



501 20th Street, Suite 505, Knoxville, TN 37916

Please **FAX** completed form and medical records to **865-374-2177**.

Please include the following records-

- Pertinent office note
- Demographic sheet, Insurance card and photo ID
- MRI/CT results (patient will bring disc if performed at a non covenant facility)
- Labs within last 6 months
- EEG/EMG/NCS results (patients will bring disc if preformed at a non covenant facility)

For questions, please call 865-374-5167

PATIENT DEMOGRAPHIC INFORMATION

Patient Name: _____ Sex: _____
DOB: _____ SSN: _____
Phone: _____ Insurance: _____
Address: _____ DX: (don't use code) _____

REFERRAL INFORMATION

Referring MD: _____
Contact Name: _____
Office Address/Phone: _____
Fax# & Attn: Name: _____

CLINICAL INFORMATION

TIMOTHY BRADEN, MD - 12 months out for new pts

Parkinson's
Tremors
Movement Disorders
TIAs
Stroke/CVA
Amnesia
Memory loss
Alzheimer's
Huntington's Disease
Trigeminal Neuralgia
Migraine/ Headaches

JOEL TORRES, MD - 13 months out for new pts

ALS
Muscle Disease
Peripheral Neuropathy
CIDP
Myopathy
Myasthenia Gravis
Guillain Barre
Weakness, Numbness of extremities
Lumbar Spondylosis with/without Myelopathy
Muscular dystrophy

Daniel Ryan, MD - 6 months out for new pts

Epilepsy
Seizure
Convulsions
"Spells" likely seizures or epilepsy
"Ongoing" "Recent" "Current" seizure events (Epilepsy)

Kendra Bellamy, NP-BC

recent TIA/Stroke discharged from Hospital

Jennifer Setser, NP-BC

Epilepsy/seizures

WE DO NOT SEE *Multiple Sclerosis, syncope/collapse, dizziness, giddiness or new pump patients

We do not accept Work Comp/DOL/MVA.

We will mail a new patient packet a few weeks before appointment date

Appointment Scheduled: _____ Arrival Time: _____ (please inform patient)