Neurology Referral Form



Please FAX completed form and medical records to 865-374-2001.

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 Health facility)

	For questions, please	e rax 865-3/4-2001	
EMG/ NCS Referral	EEG Referral	EMU Referral	New Patient Referral
	PATIENT DEMOGRA	APHIC INFORM	ATION
Patient Name:		Sex:	
DOB:		SSN:	
Phone:		 Insurance:	
Address:		DX: (don't use code)	
			,
	REFERRAL I	NFORMATION	
Referring MD:			
Contact Name:			
Office Address/Phone:			
Fax# & Attn: Name:			
Please check all categories that apply, es		NFORMATION	
Headaches	Cognitive/Dementia	•	Movement
Seizure/Epilepsy/Spells	Neuromuscular		Cerebrovascular
Neoplastic	Trauma		Immunologic
Vestibular	EMG/EEG only		Consult with EMG/EEG
Please answer the following questions for	or EMU referrals:		
Has the patient seen a neurologist in the	last three years? Yes No If yes,	please list the neurologist:	
Is the patient on narcotics? Yes No			
Has the patient had a routine EEG in the	past 12 months? Yes No Has the	e patient had a 72HR EEG ii	n the past 12 Months? Yes No
Is the patient currently on Anti Epileptics	s? Yes No		
We do not see car accidents or worker's	s compensation. New patient packets w	vill be mailed to the center	a few weeks before appointment.
	To be completed by the	e neurology referral offi	ce:
Appointment Scheduled:	Arrival Time: _	(r	please inform patient)
Provider's Name:			
The patient's appointment will be at	the following location: (check one)		
Knovville Neurology Specialists	Cumberland Neurolog	gy Group	Pinnacle Neurology

PH: 865-546-0157 501 20th Street, Suite, 505 TN 37916

PH: 865-481-0333 Physicians Plaza, Suite 350 988 Oak Ridge Turnpike Oak Ridge, TN 37830

PH: 865-531-5350 200 Fort Sanders West Blvd Suite 102, Bldg 1 Knoxville, TN 37922