

# Neurology Referral Form

## REFERRAL INSTRUCTIONS



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

**Please include the following records-**

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

For questions, please fax 865-374-2001

## 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

Please check all categories that apply, especially if there are multiple complaints.

- |                         |                    |                      |
|-------------------------|--------------------|----------------------|
| Headaches               | Cognitive/Dementia | Movement             |
| Seizure/Epilepsy/Spells | Neuromuscular      | Cerebrovascular      |
| Neoplastic              | Trauma             | Immunologic          |
| Vestibular              | EMG/EEG only       | Consult with EMG/EEG |

Other Pain/Specify: \_\_\_\_\_

Other/Specify: \_\_\_\_\_

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

**We do not see car accidents or worker's compensation**

**New patient packets will be mailed to the patient a few weeks before appointment.**

**To be completed by the neurology referral office:**

Appointment Scheduled: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ (please inform patient)

Provider's Name: \_\_\_\_\_

The patient's appointment will be at the following location: (check one)

**Knoxville Neurology Specialists**

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

**Cumberland Neurology Group**

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

**Pinnacle Neurology**

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