



→ Date of Request \_\_\_\_\_

## UNC Child Neurology Referral Form

Please fill out as much of this form as possible to facilitate the consultative process

Please note that we do not offer consultative services for concussion, learning difficulties, behavior problems, ADHD or autism (except if there is a concern about comorbid epilepsy).

Please Print Clearly

### PATIENT INFORMATION:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone No. \_\_\_\_\_ Secondary Phone No. \_\_\_\_\_

Insurance: \_\_\_\_\_ Guarantor/Parent \_\_\_\_\_

### REFERRING CARE-PROVIDER INFORMATION:

Referring Physician: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**PERTINENT MEDICAL HISTORY (REQUIRED):** This is essential for efficient triage. **Date of Onset:** \_\_\_\_\_  
(Referral **will not be reviewed** if question is not specified)

→ \* Question you would like answered: \_\_\_\_\_ \*

For example: treatment of headaches, management of 3 recent seizures, infant with developmental delay etc.

Additional Information: \_\_\_\_\_

For example comorbid conditions that may make evaluation more urgent

### URGENCY:

<input type="checkbox"/>	<b>Emergent – please send to ER</b>
<input type="checkbox"/>	Routine
<input type="checkbox"/>	Medically urgent – as soon as possible in the next few weeks
<input type="checkbox"/>	Socially Urgent – please state reason and time frame desired: _____

**Medically urgent?** – Requesting to as soon as possible in the next few days - Call on-call neurologist to discuss 919-966-4005

**Please Fax this form and all pertinent records to: 919-966-2922**

Please include relevant PCP visits, prior neurology visits, MRI and EEG reports