# Seton Brain & Spine Institute

## Neuromuscular Disorders Clinic


## Yessar M. Hussain, MD

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### REFERRAL FORM

This form is intended to assure prompt communication with requesting providers. For appointment scheduling, please call 512-324-2715.

*IMPORTANT: Fax recent office notes, diagnostic studies, labs, patient demographics and insurance authorization.*

Patient Name: ____________________________________________

Phone: ______________________________ Date of Birth: ________________

Referring Physician: ______________________________ Phone: ________________

Primary Insurance: ______________________________ Policy #: ________________

**Type of Referral:**

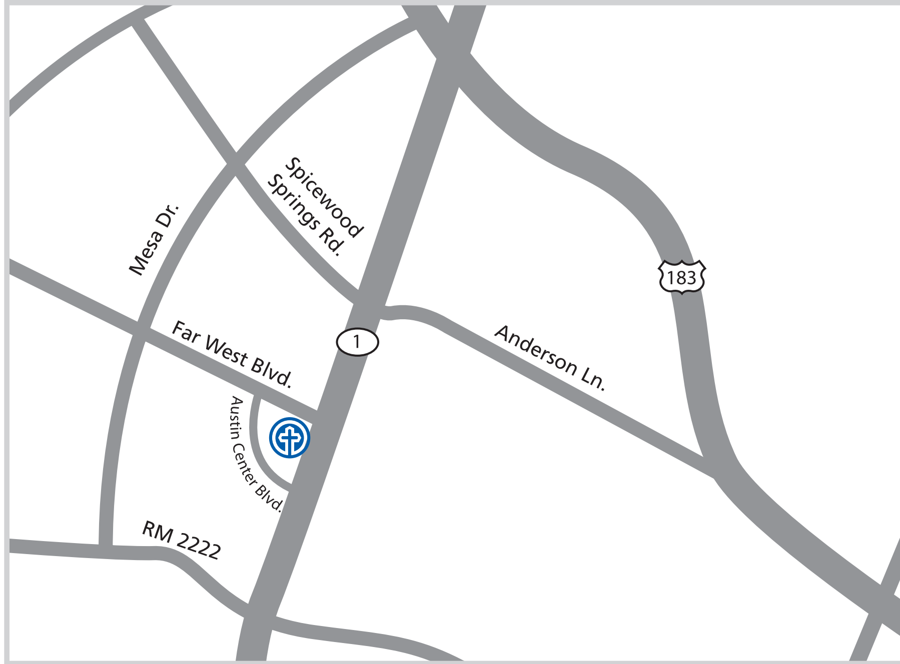
- ❑ Autonomic Study
- ❑ Botulinum toxin treatment
- ❑ Muscle biopsy and pathology
- ❑ Nerve biopsy and pathology
- ❑ Nerve conduction study/EMG
- ❑ Neuromuscular consult
- ❑ Skin biopsy for evaluation of small fiber neuropathy

**Reason for Referral:**

- ❑ Amyotrophic lateral sclerosis (ALS)
- ❑ Autonomic neuropathy
- ❑ Botulinum toxin treatment diagnosis: ____________ ________________________________
- ❑ High creatine kinase (CK)
- ❑ Myathenia gravis
- ❑ Myopathy
- ❑ Neuropathy
- ❑ Other: ______________________________

**Urgency of Evaluation:**

- ❑ ASAP
- ❑ Within 1-2 weeks
- ❑ Within 2-4 weeks

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