Seton Brain & Spine Institute
COMPREHENSIVE EPILEPSY PROGRAM

LEVEL 4 EPILEPSY CENTER/MEMBER OF THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS

REFERRAL FORM

This form is intended to assure prompt communication with requesting providers. For appointment scheduling, please contact the appropriate office.

Patient Name: _____

Phone: _____ Date of Birth: _____

Referring Provider: _____ Phone: _____

TYPE OF REFERRAL

Office Consultation or EMU Admission:

- ❑ Management of refractory epilepsy
- ❑ Evaluation for epilepsy surgery
- ❑ Evaluation for device implantation (e.g. Vagus nerve stimulation)
- ❑ One time consult/office visit
- ❑ EMU admission for video–EEG monitoring

Download a copy of our patient brochure "What to Expect During Your Stay in the EMU" at SetonBrainandSpine.com/Healthcare-Professionals, or call 512-324-3540. Available in English or Spanish.

Provider preference:

- ❑ Anupama Alareddy, MD
- ❑ Deborah Briggs, MD
- ❑ Pradeep Modur, MD, MS
- ❑ First available (May be seen by Nurse Practitioner).

IMPORTANT: *To confirm an appointment as soon as possible, complete this form* ***entirely*** *and fax to the appropriate office along with all recent lab results, relevant clinical notes, and patient's information sheet OR insurance card. For best results, please indicate which additional data you are providing.*

- ❑ Report and/or CD of prior brain MRI
- ❑ Report and/or CD of prior EEG or video-EEG

Outpatient diagnostic evaluation only:

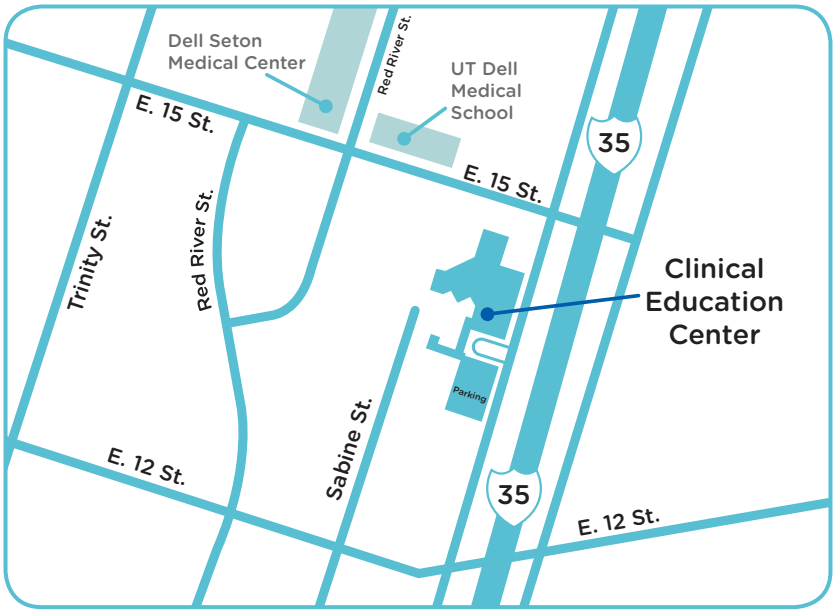
- ❑ Routine EEG ❑ With sleep deprivation
- ❑ Extended EEG (One hour)
- ❑ Ambulatory EEG ❑ 24 hr ❑ 48 hr ❑ 72 hr

DIAGNOSIS

- ❑ Epilepsy (Focal, generalized, unknown)
- ❑ Other _____
- ❑ Spells of unknown nature

Referring Provider Signature _____ Date: _____

Seton.net/EpilepsyTesting



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