



**REFERRAL FORM**

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

**IMPORTANT:** Fax recent office notes in relation to Neurological Referral.

**CHECK PHYSICIAN PREFERENCE:**

**DOWNTOWN**

Health Transformation Building  
1601 Trinity Street • Suite 704 • Austin, TX 78712  
P: 512-324-8300 • F: 512-324-8301

Jefferson T. Miley, MD (*Vascular and Interventional Neurology*)

**CENTRAL**

Jefferson Building  
1600 West 38th Street • Suite 308 • Austin, Texas 78731  
P: 512-324-3540 • F: 512-324-3541

- Sara Austin, MD (*Neuromuscular/EMG, General Neurology*)
- John Bertelson, MD (*Dementia, General Neurology, Traumatic Brain Injury*)
- Esther Melamed, MD, PhD (*Neuro-Immunology, General Neurology*)
- Krishna Pokala, MD (*Neuromuscular/EMG, General Neurology*)
- Darshan Shah, MD (*Neuromuscular/EMG, General Neurology*)
- Steven Warach, MD (*Vascular Neurology*)
- Fu Lye "Martin" Woon, PhD, ABPP (*Neuropsychology*)

**NORTH**

Seton Williamson Medical Plaza 1  
301 Seton Parkway Suite 402 • Round Rock, TX 78665  
P: 512-324-3540 • F: 512-324-3541

Darshan Shah, MD (*Neuromuscular/EMG, General Neurology*)

**SOUTH**

Seton Family of Doctors at Hays/Kyle Crossing  
5103 Kyle Centre Drive • Suite 104 • Kyle, TX 78640  
P: 512-324-3540 • F: 512-324-3541

C. Jack Fraim, MD (*General Neurology, Headaches/Migraines*)

**DOWNTOWN - EPILEPTOLOGY**

Clinical Education Center  
1400 N. IH-35 • Suite 300 • Austin, TX 78701  
P: 512-324-3540 • F: 512-324-3541

*Please see "Comprehensive Epilepsy Program" referral form*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Primary Insurance\*: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*Visit our website for a full list of insurance providers accepted by Seton Brain & Spine Institute.

Insurance requires pre-authorization:  No  Yes Referral #: \_\_\_\_\_

Reason for Neurological/ Neuropsychological Referral: \_\_\_\_\_

**Type of Referral:**

- One time consultation/office visit
- Concurrent care/office visit
- Consultant assumes care/office visit
- Ambulatory EEG
- Routine EEG
- EMG

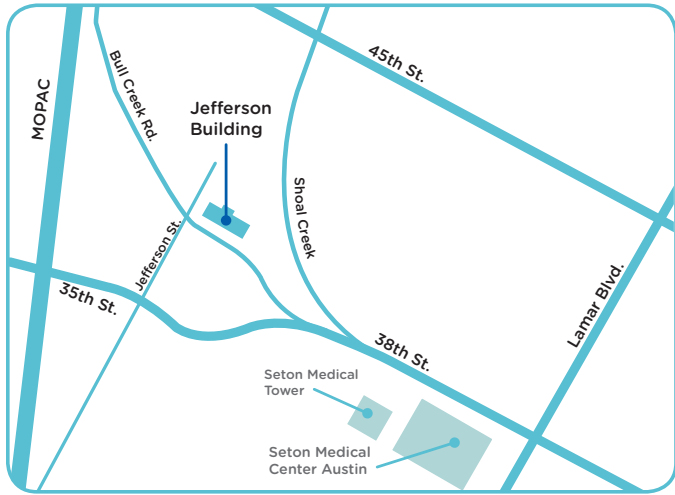
**Urgency of Evaluation:**

- Within 1-2 weeks
- Within 2-4 weeks

**For Neuropsychology Referral only**

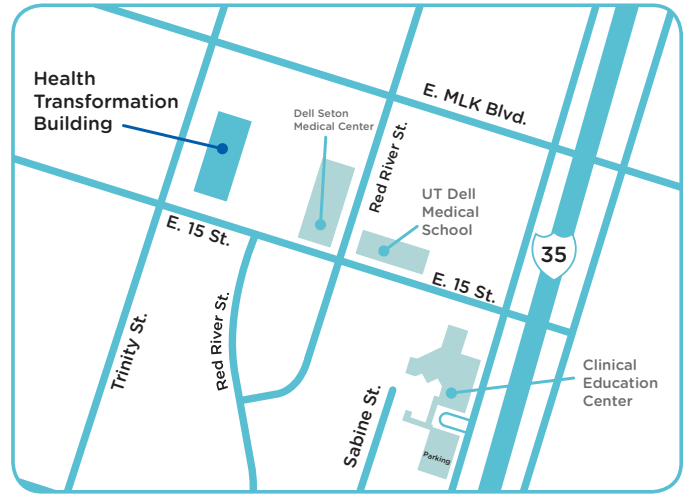
Has there been any previous testing?  No  Yes If Yes, when and where?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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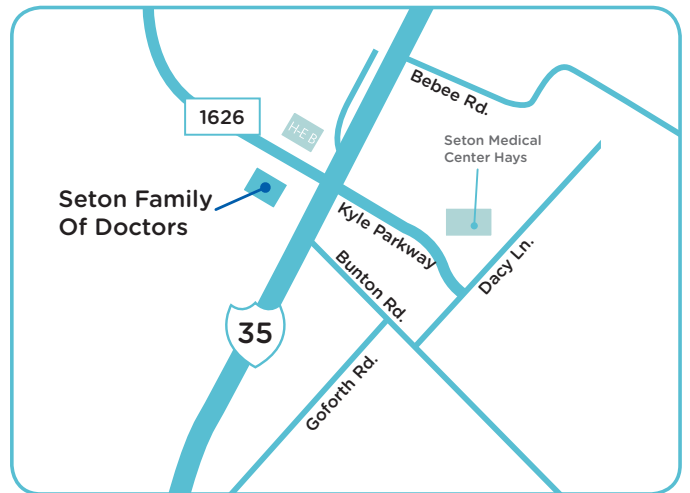
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 at Hays/Kyle Crossing**

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