Central Nebraska Neurology

AANEM Accredited Laboratory

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2022 REFERRAL FORM

Patient _____ **Date** _____

Reason _____ **Referring Provider** _____

Please place X next to answer for each of our mandatory documents you need to include with request

FULL CONSULT		EDX ONLY CONSULT	
Required documents to make apt		Required documents to make apt	
Demographics including Insurance	Yes _____ No _____	Demographics including Ins	Yes _____ No _____
Referring Provider Note pertaining to reason	Yes _____ No _____	Referring Provider Note pertaining to reason	Yes _____ No _____
Last 6 months Imaging reports	Yes _____ No _____	Any Pertinent Imaging reports	Yes _____ No _____
Last 6 months of lab reports if done	Yes _____ No _____	Any pertinent labs	Yes _____ No _____
Current medication list	Yes _____ No _____	Current medication list	Yes _____ No _____
Additional Information	Yes _____ No _____	Upper extremity Lower extremity Both	Right _____ Left _____ Both

WE WILL ONLY MAKE AN APPOINTMENT ONCE WE HAVE ALL DOCUMENTS SO PLEASE INCLUDE THEM WITH THE REQUEST TO BETTER SERVE PEOPLE

IF THIS IS FOR COGNITIVE IMPAIRMENT PLEASE INCLUDE POA OR FAMILY MEMBER NAME AND TELEPHONE NUMBER _____

☐ **If THIS IS AN URGENT REQUEST, PLEASE CHECK THE BOX AND GIVE REASON WHY** _____

PLEASE FAX TO 844-826-7583