

# Pediatric Neurology Clinic

## Referral Request



LOMA LINDA  
UNIVERSITY  
CHILDREN'S  
HOSPITAL

Phone: 909-651-1810 | Fax: 909-651-4257

If a neurosurgery consultation is needed, please call 909-558-6388 instead.

### Patient information

Does the patient live with someone other than the legal guardian?  No  Yes, relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Parent/guardian phone number \_\_\_\_\_  Cell  Home  Work

Insurance information \_\_\_\_\_

### 1. Which of our specialized clinics might best address your patient's needs?

- Botox
- First unprovoked seizure (does not apply to febrile seizures)
- Epilepsy (not intractable)
- Intractable epilepsy (failed two appropriate medications, require evaluation for surgery or ketogenic diet)
- Intractable migraine headaches
- Severe neurodevelopmental disorders with intellectual disability
- Neuromuscular disorders
- Sleep disorders
- General neurology/other

### 2. Please select the type of referral: STAT Urgent Routine

**If STAT or Urgent, please call our doctor-to-doctor line at 909-558-0099.**

### 3. Is this referral for a second opinion? Yes No

#### Please note, we are currently restricting new referrals for:

- Impulse control disorders, mood disorders, attention deficit disorders, learning disabilities, mild autism spectrum disorders (with mild or no intellectual disability) and mild intellectual disability  
~ Please refer to psychology and/or psychiatry for diagnosis and management
- Developmental delays (speech, walking, toileting) with a normal neurological examination  
~ Please refer to speech, physical, occupational, and behavior therapy for management
- Febrile seizures (please recall that fever need not be present for this diagnosis to apply)
- Mild and stable micro- and macrocephaly with normal development
- Migraine headaches that have not failed 6 months of appropriate treatment  
~ Please refer to psychology and/or psychiatry if related to stress or mood disorder  
~ Analgesic and prophylactic medications should be chosen per evidence-based guidelines

### 4. Is this patient being referred for one of the above restricted indications? Yes No

If yes, please describe why you feel we should make an exception in this case:

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**To optimize appointment scheduling, please provide the following by fax to 909-651-4257.**

- This completed form
- Medical records related to the chief complaint
- Prior neurology records including EEG, CT, or MRI result
- A copy of the patient's insurance card
- If authorization is required, was authorization submitted?  Yes  No  Not applicable

**Please notify the patient to call our Scheduling Line to make an appointment: 909-651-1810**

**Referring provider information**

Provider name \_\_\_\_\_ Provider signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

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