

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:

To optimize appointment scheduling, please provide the following by email to Refer.PedsNeuro@llu.edu or 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 _____