PNP Premier Neurology & Pain Specialists

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**Referral for**
**[ ] Neurology consultation [ ] Pain Management Consultation [ ] Electromyography (EMG/NCV) [ ] Electroencephalogram (EEG)**

**Please note:** a separate referral needs to be completed and sent to the office if you feel your patient will benefit from a neurology or pain consultation **in addition** to the EMG/NCS or EEG study.

**Patient information:**

Name:_____ __ Todays Date:_____

Date of Birth:_____ __ Social Security #:_____

Address:_____ ___ City:_____ _____

Zip code:_____Patient Phone #:_____

Insurance Information:_____

**Referring Office information**

Physician/NP/PA:_____

Address:_____

Phone:_____Fax:_____

**Electromyography (EMG) and Nerve Conduction Studies (NCS) Referral: select requested study and provide a diagnosis:**

| Bilateral Limbs | Right Limb | Left Limb | Diagnosis (REQUIRED) |
|---|---|---|---|
| [ ] Upper extremities<br>[ ] Lower extremities | [ ] Upper extremity<br>[ ] Lower extremity | [ ] Upper extremity<br>[ ] Lower extremity | **Dx** |

**Electroencephalogram (EEG) Study: Please select study and Diagnosis**

| Study | Please Choose one or more from below or list a diagnosis (REQUIRED) |
|---|---|
| **[ ] 21-40 minute EEG** | **[ ] Seizure [ ] Convulsions [ ] Epilepsy [ ] Confusion [ ] new memory loss [ ] syncope [ ] Headaches**<br>**[ ] Other Dx_____** |

**Neurology or Pain Consultation Referral:**

**Chief Complaint**_____

**Suspected Diagnosis**:_____