

# EMU REFERRAL FORM

[T] 303.781.4485  
[F] Main 720.274.0064  
[F] Referral 720.287.5344  
blueskyneurology.com



FAX TO: 720.287.5344 Please attach medical records with this form.  
\*Required.

**Patient Name:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_  
**Previous Monitoring:** \_\_\_\_\_ **Insurance Carrier:** \_\_\_\_\_  
**ID/Policy Number:** \_\_\_\_\_ **Group/Plan:** \_\_\_\_\_

## Provider Requested:

### Englewood

- Kirsten Bracht, MD  Richard Clemmons, MD  First Available/No Preference  
 Kimberly Horiuchi, MD  Charles Livsey, MD, PhD

### Wheat Ridge

- Kimberly Horiuchi, MD

### Denver

- Nathan Kung, MD

## Referred For (check all that apply):

- Pre-surgical Monitoring  Characterization  Assessment of Current Medication Efficacy

## Seizure Type (check all that apply):\*

- Simple Partial  Complex Partial  Generalized Tonic Clonic  Absence  Unknown

Seizure Frequency\* \_\_\_\_\_

## Medication:\*

- Do you want meds withdrawn during EMU?  Yes  No  Epilepsy Physician to Decide  N/A  
Do you want VNS turned off during EMU?  Yes  No  Epilepsy Physician to Decide  N/A

## Special Needs (check all that apply):\*

- Nocturnal O<sub>2</sub>  Wheelchair  Interpreter  Other \_\_\_\_\_

## Prior Testing (please attach results if available):\*

Last Brain MRI Date \_\_\_\_\_ Facility \_\_\_\_\_

Last Routine EEG Date \_\_\_\_\_ Facility \_\_\_\_\_

**Patient Concerns:** \_\_\_\_\_

## Prior Auth Status:\*

- Already Obtained  Please Assist

## Referring Physician:\*

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Confidentiality Notice:** This facsimile transmission and any documents that may accompany it contain confidential information belonging to the sender. The information contained in this facsimile is intended solely for the addressee(s) named above and is privileged and/or confidential. If the reader of this message is not the intended recipient or the person responsible to deliver it to the intended recipient, you are prohibited from reading or disclosing the information contained in the is transmission. Any examination, use dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify our office.