

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
 Kimberly Horiuchi, MD
 Charles Livsey, MD, PhD
 First Available/No Preference

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- Do you want meds withdrawn during EMU?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 O₂ 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.