

**2401 Gillham Road, Kansas City, MO 64108; (816) 234-3000**

**FAX COVER SHEET**

Number of Pages (including cover sheet): Today’s Date: January 10, 2018

**TO (name and title)**

Business/Institution/Department:

Address:

Phone Number:

Fax Number:

**FROM (name and title): Children’s Mercy Hospital and Clinics**

Business/Institution/Department: Contact Center- Scheduling

Address: 2401 Gillham Rd, Kansas City, MO 64108

Phone Number: 816-234-3700

Fax Number: 816-855-1776

**COMMENTS:**

In order to better assist with scheduling the requested neurology appointment, please complete the attached

worksheet. Please fax your referral with the completed worksheet.

Thank you.

**Children’s Mercy Contact Center**

**PROVIDERS: This clinical information is being sent to you for follow-up after the patient visited Children’s Mercy because:**

• You are listed as the Primary Care Provider with the insurance company for this patient, and/or

• The parent/legal guardian has indicated you are the patient’s Primary Care Provider, and/or

• The parent/legal guardian has indicated they will be contacting you to schedule a new patient appointment, and/or

• You are listed as the referring provider in our system.

**Fax Transmission Errors:** If you have received this fax in error, please immediately return the faxed materials including the cover sheet to the Privacy Officer’s fax at (816) 701-4027. To assist us in preventing future errors, please indicate on the returned fax why you are not the correct recipient, for example: not your patient, provider not at this location, etc. Once returned, please shred the original fax.

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**Referring Provider:**

**Patient Name:**  **Date of Birth:**

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| --- | --- | --- |
| **Urgent only- (Call 800 GO Mercy)**  Acutely unable to walk/stand  Papilledema  Progressive weakness  Slurred Speech  Single Sided Weakness  Vision Loss | **Epilepsy**  Epilepsy  Infantile Spasms  Intractable Epilepsy  Ketogenic Diet  New Onset Seizures  Refractory Epilepsy  less than 1year old w/Seizures  Seizures  Abnormal EEG  VNS (Vagal Nerve Stimulator) | **Questionable Seizures**  First Time Seizure  R/O Seizures |
| **Dizziness**  Dizziness  Near/Pre-Syncope  Passing Out  Syncope  Vertigo | **Headache**  Headaches 5 years of age or older  Headaches younger than 5 years old  Migraines |
| **Syndromes**  Charcot-Marie-Tooth  Marfan  Moebius  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Concussion**  5 years of age or older  Younger than 5 years of age  Traumatic Brain Injury - Mild | **Sensory**  Does Not Feel Pain  Neuropathy  Numbness  Tingling Pain |
| **Neuromuscular**  AIDP/Guillian Barre  Arthrogryposis  CIDP  Hypotonia  Mild Motor Delay  Muscular Dystrophy  Myopathy  Myotonic Dystrophy  SMA  Weakness | **Movement Disorders**  Ataxia  Chorea  Cerebral Palsy  Dystonia  Dyskinesis  Gait Disturbance/Change  Myoclonus  Spasticity  Stereotypy  Tardive Dyskinesia  Tics  Tourette  Tremors | **Head Size**  Macrocephaly  Microcephaly |
| **Cognitive**  Dementia  HIE  Regression |
| **Acute Onset Gait** | **Stroke**  AVM  Cavernous Hemangioma/Cavernova  Cerebral Hemorrhage  IVH  SAH  Stroke  Vasculitis  Venous Thrombosis | **Neurofibromatosis Type 1** |
| **Bell’s Palsy** | **Chiari Malformation** |
| **Other:** |