

**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:** |