For referrals to Neurology, please select reason for referral below, and include with the New Patient Appointment Fax Form.
Fax to: 816-855-1776

Children's Mercy KANSAS CITY

Referring Provider:

Patient Name: **Date of Birth:**

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:**

Revised 9/2016