Ann & Robert H. Lurie Children's Hospital of Chicago

Neurology Request for Service Order

Pt. Name:_____

DOB:_____

MRN (If available):_____

Parent Name_____

Phone #_____Preferred time: ☐ 8-12, ☐ 12-5, ☐ after 5

Insurance: ☐ Medicaid, ☐ PPO, ☐ HMO, ☐ Self-pay / Other

Referring Provider Name: _____

Practice Name:_____

Date of Request:_____

Please attach patient's demographics

Step 1: When should patient be seen?

☐ ASAP (≤ 24 hours)

- For physicians new to Lurie Children's – Call the VIP Physician Hotline – **800.540.4131, Option 4**
- For all other physicians, call the Lurie Children's Neurology Department Directly at **312.227.3550**

☐ Within 2 weeks

☐> 2 Weeks

Step 2: Identify Chief Complaint

☐ Autism Spectrum Disorders available @ CDH only

☐ Neonatal/Young Babies

☐ Neuromuscular Disorder

☐ Complex Neurological Patients

☐ Demyelinating Disorder

☐Other: _____

☐ ADD/ADHD

☐ General Headache

☐ Seizure*

☐ Aphasia

☐ Hypotonia

☐ Vascular Disorders including Stroke

Movement Disorders

☐ Tics / Tourette syndrome

☐ Tremor / jitteriness

☐ Chorea

☐ Abnormal movements / abnormal involuntary movements

☐ Gait abnormalities

☐ Ataxia / balance and coordination problems

☐ Dystonia / abnormal postures

☐ Cerebral Palsy

Step 3: Info Requested for Each Referral

1) **Pertinent and Quick Patient History (1 – 2 sentences):** (Please Print)

_____

_____

2) **Questions referring provider wants answered by Specialist**

_____

_____

3) **Has the referring provider already spoken with a Lurie specialist about this referral?**

_____

4) **Is there a preferred provider to see the patient?**

_____

5) **Which location is preferred for the patient's appointment?**

_____

Ensure the following are submitted along with this Request for Service Order

1. Neurological Reports
2. EEG (provide disk if available - * EEGs performed at Lurie Children's are preferred)
3. Imaging (provide disk if available)
4. Other Labs (if available)

Please submit this request along with records to KidsDoc Fax #: 312.227.9832