

Neurodiagnostics Referral Form

Patient Name (Last Name, First Name, Middle Initial)		Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient preferred language for healthcare communication	
Date of Birth	Patient Home Telephone	Patient Alternative Telephone
Patient Home Address		
Patient insurance company and plan(s)		Authorization Number:

Referral Form:

Referring Provider Name (Last Name, First Name, Middle Initial)	
Referring Provider Contact Telephone	Referring Provider Fax
Referring Provider Address	
Patient's Primary Care Provider (Last Name, First Name, Middle Initial)	

Procedure Requested:

<input type="checkbox"/> Routine EEG (REEG) - 20 Minutes (95816)	<input type="checkbox"/> Extended EEG - 1-2 Hours (95813)
<input type="checkbox"/> Extended EEG Greater than 2 Hours (95713)	
<input type="checkbox"/> Long-Term EEG Recording (95716) EMU or Critical Continuous EEG (CCEEG)	<input type="checkbox"/> Long-Term Ambulatory (Outpatient) EEG Recording (95953)
Length of Monitoring (select one):	
<input type="checkbox"/> 24 HR	<input type="checkbox"/> 48 HR
<input type="checkbox"/> 72 HR	<input type="checkbox"/> 96 HR
<input type="checkbox"/> 120 HR	<input type="checkbox"/> _____ HR
*Please attach last progress note, history and physical, insurance cards, demographics, any associated imaging.	

Provider Signature

NEURODIAGNOSTICS

Kern Medical offers the following EEG and EMU services

Indications for routine EEG

- After new onset seizure
- For diagnosing seizure Vs non-seizure
- Classification of epilepsy
- Investigating periods of altered awareness
- Evaluation of dementia
- Suspected case of encephalitis

Indications of Critical Care CVEEG

- Diagnosis of Nonconvulsive Seizures, Nonconvulsive Status Epilepticus, and Other Paroxysmal Events
- Assessment of efficacy of therapy for seizures and status Epilepticus
- Identification of Cerebral Ischemia
- Assessment of Severity of Encephalopathy and Prognostication

Indications of Ambulatory VEEG

Ambulatory electroencephalography (EEG) is considered medically necessary for the diagnosis and management of seizure activity when ANY of the following criteria is met:

- Inconclusive routine EEG
- Suspected epilepsy when the history, clinical examination, and routine EEG are inconclusive
- Suspected seizures of sleep disturbances
- Individual with confirmed epilepsy who is experiencing suspected non-epileptic events
- Classification of seizure type for the selection or adjustment of anti-epileptic medication
- Exclusion of non-neurological causes of seizure-like activity
- Seizures which are precipitated by naturally occurring cyclic events or environmental stimuli which are not reproducible in the hospital or clinic setting

Indications of VEEG study in EMU

- Determine whether spells are epileptic seizures (spell classification or differential diagnosis)
- Identify the type of seizures occurring in individual with known epilepsy (seizure/syndrome and classification)
- Localize the seizure focus for consideration of epilepsy surgery (presurgical evaluation)
- Monitor seizure frequency (seizure quantification)
- Adjust medications to control seizures (medication adjustment)
- Differentiate between seizures and medications effects

How to Refer Patients to the EMU

- Referrals can be arranged by calling the Kern Medical Epilepsy Center. We require a written request for consultation.
- We ask physicians and patients to provide as much of the following information as possible in the referral
 - » Initial/latest clinic evaluation with history and physical
 - » Current list of medications with dosages
 - » Last four or five clinic notes – any information concerning the reason for referring the patient for evaluation
 - » Reports on EEG tests performed
 - » CDs of any head MRIs and/or location of MRIs
 - » Any recent, relevant lab work
 - » Insurance information
 - » Patient data (contact information, date of birth, mailing address)
 - » Referring provider national provider identifier (NPI)

Kern Medical

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Dr. Veedu is board-certified in Neurology, board-certified in Clinical Neurophysiology, and board-certified in Epilepsy. He is a member of the American Academy of Neurology, the American Clinical Neurophysiology Society, and American Epilepsy Society.