

Freeman Neurology and Headache Clinic

1020 McIntosh Circle Suite 200
HIGGINS BUILDING, UPPER LEVEL
Joplin, Missouri 64804
Referral Fax Number: 417.347.8094
Clinic Phone Number: 417.347.8093

Providers: Gulshan Uppal, MD, FAAN and Symantha Stevens, APRN, FNP-C

Referral For:

General Neuro Consult	Headache Clinic Consult	<input type="checkbox"/> EMG
Reason: _____ _____	Reason: _____ Botox Eval <input type="checkbox"/>	Reason: _____ <i>Circle appropriate testing site</i> Upper: Bilateral / Left / Right Lower: Bilateral / Left / Right

Referring Provider: _____ Office Contact: _____
Phone: _____ Fax: _____
Patients Name: _____ DOB: _____

****Please make sure to attach patient's demographic sheet with all records faxed****
Prior Authorization (if applicable, i.e VA/Soonercare) will also need to be faxed with records

When sending referral, please send records:

- Previous neurology evaluation
- Reports of CT, MRI, ECHO, EMG, EEG, labs, carotid studies
- Please include a MMSE / SLUMS / MOCA for **memory loss referrals**
- Please note if patient has implanted device (I.E. VNS, DBS) _____

Who would you like us to call to schedule the appointment?

Patient: _____ Clinic: _____ Other: _____
(name and phone number needed for 'other')

Thank you for trusting us with your patients!

Please note: we do not take work comp cases.

Motor vehicle accident? Yes ___ No ___ Attorney: Yes ___ No ___

OFFICE USE ONLY

Records in EMR/Meditech: _____ Appointment date and time _____
Records requested (Date requested) _____
Records received (Date received) _____ Date mailed: _____
Has patient been seen by **Neurology** in the past? Yes ___ No ___ Unsure ___
If yes provider seen: _____ Dates seen: _____