

LSUHSC-NO Epilepsy Center

Patient Referral Form

Fax to Barbara at 504-412-1518 for Dr. Piotr Olejniczak (Tel: 504-412-1517)

Fax to Scheduling at 504-702-2051 for Dr. Edward Mader (Tel: 504-702-5700)

Name

Social Security Number

DOB / SEX

Referring Physician

Address

Person Calling/Faxing and Office Number

City/State/Zip

PCP/Phone Number

Home Phone Number

Primary Insurance/Phone

Cell Phone/Beeper Number

Group# / Member #

Work Name and Number

Policy Holder/DOB/Relation to Patient

Alternate Contact/Relation to Patient

Secondary Insurance/Phone

Alternate Contact Phone Number

Policy Holder/DOB/Relation to Patient

Reason For Referral:

- Poor Seizure Control
- Surgical Evaluation
- Epilepsy Monitoring
- Non-epileptic
- VNS
- RNS
- Second Opinion

Record Checklist:

- MRI/PET/SPECT
- EEG
- Last visit
- Current Meds
- Labs (recent AED levels)
- Operative Report
- Neuropsychological Report

Notes for Epileptologist:

