University of Colorado
Anschutz Medical Campus

uchealth

Non-Epileptic Seizure (NES)/Functional Seizure (FS) Clinic

Email: ucdnesclinic@ucdenver.edu
Phone: 720-848-2080
Fax: 720-848-2106

Referral Form

Patient Information

Full Name: ____ DOB:____________
Last *First* *M.I.*

Address: ____
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Phone: __________________________ Email________________________________

Date Referred: __________ Insurance carrier:_____________

NES/FS Diagnosis and Description

Description of NES/FS: ____

Definitive NES/FS Diagnosis? YES NO If yes, diagnostic EEG required.
(v-EEG capture of typical NES/FS)

Probable NES Diagnosis? YES NO If yes, does patient have a home video? YES NO
(Normal interictal EEG and home video capture of NES/FS)

**** Report of normal interictal EEG is required. Referral for patients with no EEG report or pending evaluation will be declined. If Clinically Possible, video of typical NES is also required. ****

NES/FS diagnosis discussed with patient? YES NO

Referral to NES/FS Clinic discussed with patient? YES NO

Patient is accepting of NES/FS diagnosis? YES NO

If no, explain: ____

NES/FS – Diagnosing Clinician and EEG Location

Date of NES/FS diagnosis: ____________________ Event captured? YES NO

NES/FS diagnosing clinician: ____

Location of diagnostic/normal EEG:____

Phone number: ____________________ (NDX Department)

University of Colorado
Anschutz Medical Campus

uchealth

Referring Provider Information

Name: ______________________________ ______________

Institution: ______________________________ Department: ______________

Phone: __________ Fax: ____________ Email: ____________________

Required Medical Records Checklist

PLEASE NOTE – WE WILL NOT ACCEPT YOUR PATIENT WITHOUT THESE MEDICAL RECORDS. REFERRING PROVIDER IS RESPONSIBLE FOR LOCATING AND SENDING THESE TO NES/FS CLINIC

EEG Report ☐ *required

Brain MRI/CT ☐ *required

If patient has home video, please upload or request patient upload home video using this link or by following directions below: https://neurologyevent.ucdenver.edu/nes/upload

Upload Video Instructions:

1. Navigate to NES Clinic website: www.nestreatmentucd.org
2. Click "UPLOAD VIDEO" on the home page
3. Enter email, patient's first and last name
   a. For company, enter "Self" if patient uploading, enter "Provider" if provider is uploading.

FAX THIS FORM WITH MEDICAL RECORDS TO:

Fax: (720)-848-2106
ATTN: Non-Epileptic Seizure (NES) Clinic

** To expedite referral, email NES/FS Clinic Program Manager: Meagan.watson@cuanschutz.edu