



Non-Epileptic Seizure (NES) Clinic

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Phone: 720-445-5345

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 Diagnosis and Description

Description of NES: _____

Definitive NES Diagnosis? (v-EEG capture of typical NES)	YES	NO	If yes, diagnostic EEG required.
Clinically Probable NES Diagnosis? (Normal interictal EEG and provider-witnessed NES)	YES	NO	If yes, does patient have a home video? YES NO
Clinically Possible NES Diagnosis? (Normal interictal EEG and hx c/w NES)	YES	NO	If yes, does patient have a home video? YES NO

**** 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 diagnosis discussed with patient? YES NO

Referral to NES Clinic discussed with patient? YES NO

Patient is accepting of NES diagnosis? YES NO

If no, explain: _____

NES – Diagnosing Clinician and EEG Location

Date of NES diagnosis: _____ Event captured? YES NO

NES diagnosing clinician name: _____

Location of diagnostic/normal EEG: _____

Phone number: _____ (NDX Department)



Referring Provider Information

Name: _____

Institution: _____ Department: _____

Phone: _____ Fax: _____ Email: _____

Required Medical Records Checklist

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://amc-neurology.sharefile.com/share/getinfo/r3ab6d72b9054bef9>

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 Clinic Program Manager: Meagan.watson@cuanschutz.edu