Functional Neurological Disorders (FND) Program

Email: ucdnesclinic@ucdenver.edu
Phone: 720-848-2080
Fax: 720-848-0015

THIS FORM IS FOR FUNCTIONAL SEIZURES ONLY Functional movements must be evaluated by Anschutz Movement Disorders section prior to enrollment in FND program. If referring provider is external to Anschutz, request eval by Anschutz Movement Neurology Section, same fax # above, ATTN: Movement Neurology.

Referral Form for FUNCTIONAL SEIZURES ONLY

Patient Information

Full Name: _____ DOB: _____
Last *First* *M.I.*

State: _____
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)

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 FND Clinic website: www.fndtreatmentucd.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)-848-0015
ATTN: Functional Neurological Disorders (FND) Clinic

** To expedite referral, email FND Clinic Program Manager: mackenzi.moore@cuanschutz.edu