PHYSICIANS' CLINIC
of Iowa, P.C.

REQUEST FOR CONSULTATION OR TRANSFER OF CARE

Please complete the form below and fax to PCI Neurology and Sleep Medicine Clinic at 855-428-0487.

Patient Name ______________________________

Parent's Name (if minor)______________________________

Patient Date of Birth ______________________________ Gender: ☐ Male ☐ Female

Home Address ______________________________ City ______________________________ State ______ Zip___________

Phone Number ______________________________

Insurance Carrier ______________________________ Is this Work Comp or third party liability? ☐ Yes ☐ No

Is this referral urgent? ☐ Yes ☐ No

Please select one or the other: ☐ Consultation ☐ EMG

Describe reason for referral ______________________________

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Referrals must include the following (required for accurate and timely triage)

- Office and/or hospital notes
  - » Previous neurology work up, if applicable
  - » EEG/EMG reports, if completed
- Any imaging reports
- Indicate if image studies have been: ☐ pushed to RCI or ☐ CD has been mailed
- Complete current medication list
- Sleep studies, if completed, for sleep referrals

The following referrals for these diagnoses must also include

Stroke
☐ MRI/CT images
☐ LDL and A1C labs

Dizziness
☐ Any cardiac work up
☐ Vestibular therapy report

Migraine

Medications tried and failed:

Antidepressants	☐ Yes	☐ No	Name: ____________	Dose: ____________
Beta Blockers	☐ Yes	☐ No	Name: ____________	Dose: ____________
Calcium Channel Blockers	☐ Yes	☐ No	Name: ____________	Dose: ____________
Triptans	☐ Yes	☐ No	Name: ____________	Dose: ____________

Insomnia
☐ Sleep Study

Multiple Sclerosis
☐ MRI brain

Referring Provider ______________________________ Phone ______________________________ Fax ______________________________

Thank you for allowing us to participate in caring for your patient. We will contact you regarding this referral within 72 hours.

PCI Neurology & Sleep Medicine | 275 10th Street SE, Suite 3320, Cedar Rapids, IA 52403 | (319) 398-1721