Dartmouth-Hitchcock
MANCHESTER

Manchester
Phone: (603) 695-2940
Fax: (603) 629-8656

Neurology (Adult & Pediatric) and Sleep Medicine

Referral Appointment Request Form

Specialty (check one): ❑ Adult Neurology ❑ Pediatric Neurology ❑ Sleep Medicine Date: ________________

Please complete patient information below, or attach patient demographic information before faxing.

Patient's Name: Last ________________ First ________________ MI ________

DOB: ________________ ❑ Male ❑ Female

Address: ________________ City, ST: ________________ Zip: ________

Parent/Guardian (Last, First): ________________ Insured's DOB: ________

Home #: ________________ Work #: ________________ Cell #: ________________

Language assistance needed: ❑ Patient ❑ Parent/Guardian Specify language: ________________

Name of insurance: ________________ ID #: ________________ Insurance referral required? ❑ Yes ❑ No

Referring provider: ________________ Office phone: ________________

Contact name: ________________ Office fax: ________________

Primary care provider (if different from above): ________________

Office Phone: ________________ Office fax: ________________

Urgency of referral (please check one):

❑ Urgent – Please contact the Neurology office at (603) 695-2940 to discuss urgent appointment needs as follows:
For Adult: any appointments needed in less than 4 weeks from this request
For Pediatric: any appointments needed in less than 6 weeks

❑ First Available

Reason/diagnosis: ________________

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Specific question to be answered: ________________

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Please indicate your intention of this referral by checking all boxes that apply:

❑ Office visit: consultation only

❑ Test only: EEG

❑ Test only: EMG (check all that apply): ❍ Right arm ❍ Left arm ❍ Right leg ❍ Left leg
❍ Other (specify): ________________

Before faxing this referral request to office at appointment location, please check the following information which is included so that we may complete this request.

❑ Pertinent office notes
❑ Insurance referral (if required)
❑ Patient demographics (if separate)
❑ Recent medication list
❑ Recent test results