

## Epilepsy Monitoring Unit (EMU) Referral Request Form

<b>Contact Information</b>		
Patient Name:	Date of Request:	
Patient DOB:	Patient Phone Number:	
Referring Provider:	Office Contact Name/Phone Number:	
Do you wish to receive management recommendations for your patient after evaluation?      Yes                      No		

<b>Current Diagnosis (check one)</b>	
Refractory Focal Epilepsy	Unknown
Refractory Generalized Epilepsy	Other (please explain)
Non-Epileptic Events	

<b>Reason for Referral (check all that apply)</b>	
Determine whether spells are epileptic seizures (Spell classification / differential diagnosis)	Localize the seizure focus for consideration of epilepsy surgery (Presurgical evaluation))
Identify the type of seizures occurring in individuals with known epilepsy (Seizure/Syndrome classification)	Differentiate between seizures and medication side effects
Perform ictal single photon emission computed tomography (SPECT)	Seizure exacerbation: seizure clusters or concern for status epilepticus
Adjust medications to control seizures	Differential diagnosis of events with high frequency
Monitor seizure frequency (Seizure quantification)	Other (explain)

<b>Description of Current Events (including frequency and date of last event)</b>

<b>Prior Testing and Results (if available, please attach a copy of the reports)</b>	
EEG	MRI
EMU	CT Scan

<b>Anti-Seizure Regimen</b>
Current and Past Anti-Seizure Regimen:
Recent lab work and anti-seizure medication levels:
If the patient carries an established diagnosis of epilepsy, had s/he failed 2 or more anti-seizure medications?

<b>Comments and Special Considerations</b>
Please attach any notes or additional relevant information.

## **Epilepsy Monitoring Unit (EMU) Admission Summary Form for Referring Providers**

Thank you for referring your patient -----to our Epilepsy Monitoring Unit (EMU)

Date of Admission to the EMU-----Length of Stay-----

Diagnosis:

Results of the EMU admission

- EEG Summary
  
- Clinical Interpretation

Recommendations for management:

Recommendations for further testing:

Discharge summary and EMU report are attached

- Yes
  
- No

Other comments: