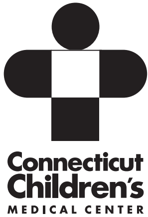

REFERRAL/ORDER FORM
EEG

505 Farmington Ave, Farmington, CT. 06032
PHONE: 860.837.6646   FAX:860.837.6657

Connecticut Children's Patient Label
for internal use only

Patient Name: (Last) ______________________ (First) ______________________

Street Address: ______________________

City/State/Zip: ______________________ **Date of Birth:** ______________________

Preferred Phone: (Home) ____________ (Work) ____________ (Cell) ____________

Parent/Guardian/DCF: ______________________ **Preferred Language:** ______________________

If DCF: (Social Worker name) ______________________ (Phone) ______________________

This visit is: ☐ Routine ☐ Semi-urgent (within 2 weeks) **Please call Neurology Department Triage Neurologist for urgent request. 860.837.7500.**

Insurance:______________________ **ID#** ______________________

Type of study requested: ☐ **ROUTINE** ☐ **24hr AMB** ☐ **EMU**

Indication for EEG: ☐ Suspected Seizures ☐ Staring Spells ☐ Headaches ☐ Syncope ☐ Febrile Seizures
☐ Suspected Infantile Spasms ☐ Abnormal Movement ☐ Mental Status/Encephalopathy
☐ Description/Other ______________________

Other Clinical History: ☐ Severe Lung or Cardiac hx contraindication for hyperventilation ☐ Headaches/Migraine
☐ Tics/Tourette's Syndrome ☐ Autistic ☐ Cerebral Palsy ☐ Behavioral Problems ☐ Head Injury ☐ Brain Tumor
☐ Stroke ☐ Prematurity ☐ Gestational Age at Birth
☐ Description/Other ______________________

Medications: ______________________

Sedation required: ☐ **Yes** ☐ **No**

We can obtain an EEG for most children without Sedation. We will attempt an EEG WITHOUT sedation in ALL patients first.

Sedation is only used for proper application of electrodes in patients who are not cooperative and or combative. If the test is unsuccessful, we will offer to reschedule the test with sedation at a later date.

Has the patient previously needed sedation for an EEG? ☐ Yes ☐ No

Has the patient previously tried to do an EEG without sedation and been unable to complete the test? ☐ Yes ☐ No

If you answered YES to either of the questions above the patient will be scheduled with sedation.
Please make sure the sedation box is checked and form is signed.

This patient has not previously tried to obtain an EEG without sedation, however sedation is needed because: ______________________

Please note: 1) If sedation is used, the patient will need to be NPO and will need to recover from the sedation in the sedation suite for an average of 1-2 hours after the test. 2) The sedation team will decide what is the most appropriate sedative for the patient. In general, younger children will be given oral Precedex, older children (particularly those over 40kg) will likely need IV Precedex if sedation is needed. Other agents will be considered.

REFERRING PROVIDER INFORMATION

Referring Provider: ______________________

Referring Provider: (Phone) ______________________ (Fax) ______________________

Patient's Primary Care Physician (if different from referring)**:** ______________________

Is the family aware of the reason for referral? ☐ Yes ☐ No

______________________ Date ________ Time ______
Signature/Credentials of ordering Practitioner (APRN, PA, Non-resident MD or DO)

connecticutchildrens.org
282 Washington Street, Hartford, CT 06106, © 2018 Connecticut Children's Medical Center. All rights reserved. 17-576g New 1-18