****

**REQUISITION FORM FOR**

**Neurology Consult**

**Fax To: (808) 969-8189 Hilo**

 **Fax To: (808) 327-4506 Kona**

 Premier Neurology and Sleep Medicine Center

**Dr. David F. Moore, MD, PhD, FAAN**

**ABPN Board Certified** **in Neurology**

**Board Certified Subspecialty ABPN Vascular Neurology,**

and special interest in EEG and Sleep Medicine.

 **Kailua Kona Hilo**

 75-167 Kalani St #205 56 Kamehameha Ave

 Kailua Kona, HI 96740 Hilo, HI 96720

 (808) WOW-REST (327-6669) (808) WOW-REST (969 -7378)

**PATIENT INFORMATION:**

Name

Address:        Date of Birth:

Home Phone:        Cell Phone:

E-mail Address:        **INSURANCE INFORMATION: Please check with insurance carrier to obtain prior authorization if applicable.**

Insurance Carrier:        Member#:        Auth#:

Responsible Party name:        Responsible Party DOB:        **REFERRING PHYSICIAN:**        Specialty:        Contact Person:

Phone:        Fax:        Email Address:

Address:       Cc: Physician:

**TYPE OF SERVICE REQUESTED: Please check box before submitting Referral to Neurologist:**

Chief Complaint:

SUSPECTED DIAGNOSIS/SYMPTOMS:

**Duration of Symptoms:**        **Medical Hx:**

Ambulatory Patient: Yes No Requires Personal Assistance: Yes No

**PLEASE CHECK ALL THAT APPLY:**

|  |  |
| --- | --- |
|  Neck Pain Back Pain Syncope Numbness and Tingling Weakness Memory Loss Stroke Tremors Movement Disorders |  TIA Visual Loss Facial Pain Dizziness Seizure Disorder Confusion Headache Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Age:** | **Wt:** | **Ht:** | **BP:** | **Pulse:** |  |  |

Referring physician’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. David F. Moore, MD, PHD, FAAN Board certified in Neurology, Vascular Neurology, and special interest in EEG and Sleep Medicine.

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