REFERRAL FORM

Knoxville Neurology Specialists
Covenant Medical Group
501 20th Street, Suite 505, Knoxville, TN 37916

Referral Instructions

Please **FAX** completed form and medical records to (**865)374-2177.**

For questions, please call (865)331-9123

Patient Demographic Information

PATIENT NAME: _____ SEX: _____

DOB: _____ SSN: _____

PHONE: _____ INSURANCE: _____

ADDRESS: _____ DX: (don't use code) _____

Referral Information

REFFERING MD: _____

PHONE# & CONTACT: _____

OFFICE ADDRESS: _____

FAX# & ATTN: NAME: _____

Clinical Information

TIMOTHY BRADEN, MD - *11 months out for new pts* ☐ Parkinson's ☐ Tremors ☐ Movement Disorders ☐ TIAs ☐ Stroke ☐ CVA ☐ Amnesia ☐ Memory loss ☐ Alzheimer's ☐ Huntington's Disease ☐ Trigeminal Neuralgia ☐ Migraine/ Headaches	**JOEL TORRES, MD** - *13 months out for new pts* ☐ Muscular Dystrophy ☐ ALS ☐ Muscle Disease ☐ Any Neuropathy ☐ CIDP ☐ Myopathy ☐ Myasthenia Gravis ☐ Gillian Barre ☐ Weakness, Numbness of extremities, Lumbosacral ☐ Lumbar Spondylosis with/without Myelopathy
A. LEBRON PAIGE, MD - *6 months out for new pts* ☐ Epilepsy ☐ Seizure ☐ Convulsions ☐ "Spells" likely seizures or epilepsy ☐ "Ongoing" "Recent" "Current" seizure events (Epilepsy)	**Jennifer Rosson, NP-C** ☐ Headaches/ Migraines – *2/3 weeks for appointment* **Jenny Stevens, NP-C** ☐ Headaches/ Migraines – *2/3 weeks for appointment*
WE DO NOT SEE *MS, syncope/collapse or new pump patients	

☐ I agree to see ☐ I do not treat this dx ☐ I have nothing to add to treatment plan Provider: _____

Appointment Scheduled: _____ Arrival Time: _____ (please inform patient)

We will mail a new patient packet a few weeks before appointment date