



MEDICINE of THE HIGHEST ORDER

PATIENT NAME: _____

APPOINTMENT DATE & TIME: _____

SCHEDULED WITH: _____

APPOINTMENT LOCATION: 200 East River Road, Rochester NY 14623
Please see attached map.

PHONE: (585) 275-2808 & Fax (585) 275-3683

Welcome to Child Neurology’s Headache Clinic!

We are very happy that you have chosen to have your child evaluated and followed in our neurology practice. We take pride in the care that we give children and families and seek to establish a partnership with patients and their parents to minimize disability related to frequent or severe headache. We feel that your observations and your child’s input and participation are a very important part of evaluating and managing all types of headache that occur during childhood and adolescence. To accomplish that we ask you to help us learn about what has been going for you in a few ways. Please the complete the following in preparation for the evaluation appointment:

1. **Enclosed questionnaire and bring it to your first appointment.** Though quite detailed, it is limited to information that we need to determine our starting point in providing care to your child.
2. **Complete the enclosed “Authorization for Release of Medical/Behavioral Health Information” forms– one each for your child’s School and their Therapist/Psychologist (if applicable)** as this is integral to ongoing care.
3. **Obtain copies of any previous head MRI’s on computer disc and reports of other testing done** at other institutions and either bring them to the appointment or have them sent directly to our office. We will have a pediatric neurologist review the films personally if there is any question of abnormal findings.
4. We will be asking many, very specific questions about the headaches. To help with being able to describe all aspects of the headache experience your child has had to date, it is helpful **to keep specific track of the headaches for a week or two prior to the appointment.** Enclosed is a headache diary to use to help with this.
5. Attached is a sheet with directions & general information about Child Neurology that may be helpful to you.

What to Expect

The first appointment is scheduled for 1 full hour and much of it will be in talking about the headaches, past medical history, medications tried and reviewing any previous testing. A full neurologic exam will be completed, which most kids actually enjoy as we ask them to many unusual things (hopping, standing on one foot, doing things with eyes closed, etc.) to make sure the neurologic system is working as we would expect for their age. From there we make initial recommendations based on what we believe may be contributing to your child’s headache pattern.

Follow-Up Visits: Once an established patient, we schedule follow up appointments based on individual patient circumstances. Follow up appointments are for 30 minutes and focus on an update and fine tuning the plan and incorporating a multidisciplinary approach if that seems appropriate given your child’s response to the initial strategy. Please feel free to call to request a follow up appointment if you wish to have your child seen again sooner than originally planned or to call with active concerns. Depending on the situation we often suggest involvement of other providers to incorporate therapies that have been shown to be helpful in research done on headache management. These include such things as physical therapy, Cognitive Behavioral Therapy for pain management, biofeedback, sleep evaluation, and acupuncture - to name a few.

We look forward to meeting and helping your family with the difficulties that frequent headaches have been causing for your child.

Sincerely,

The Child Neurology Headache Clinic Team

- Jennifer Kwon, MD
- Laura Tomaselli, MD
- Marina Connolly, MD
- Elaine Philipson, PNP-BC
- Cynthia tenHooopen, PNP-BC
- Carolyn Dickinson, PNP-BC



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USEFUL INFORMATION:

- ♦ If you are scheduled with a Nurse Practitioner, your child will not necessarily be seen by a neurologist, but one will be available for consultation if there are any questions during the visit.
- ♦ **PHOTO ID REQUIRED:** Due to new federal requirements to protect your identity, please provide photo identification upon check-in.
- ♦ There is free parking
- ♦ **PLEASE ALLOW 24-48 HOURS NOTICE IF YOU HAVE TO CANCEL YOUR APPOINTMENT.**
- ♦ Note that two consecutive “no shows” by a patient may result in the patient being referred back to their primary care physician.
- ♦ **PRESCRIPTIONS:** Please allow 7 for prescription refills. We try to keep refills current at appointments. If you have not been seen in over a year, you may be required to schedule an appointment in order to receive a new prescription.
- ♦ If you are being seen for a Worker’s Comp. or a Motor Vehicle Accident case, you are required to provide us with that information prior to your visit. **If you do not, you will be financially responsible for all services provided.**
- ♦

FIRST VISIT: Please arrive 15 minutes prior to your scheduled appointment time. We need to receive your child’s medical records prior to the appointment date; your primary care physician can forward them to our office. If your child has been referred for school difficulties, be sure to bring school records including report cards, notes from teachers, and school evaluations. If we do not have this information, you may be asked to return for another appointment. We expect that a child will be accompanied by a parent or guardian who is familiar with the medical issues in question; therefore you may be asked additional questions regarding past medical history. The first appointment may take up to two hours, so please plan accordingly. We do our best to stay on schedule, but please be understanding of unexpected delays.

RETURN VISITS: Please arrive 15 minutes prior to your scheduled appointment time. In addition to medical issues, your child’s academic progress is very important to us. Please have an up-to-date understanding of how he/she is progressing in school by speaking with teachers, if necessary, in preparation for your scheduled appointment.

PAYMENT: Payment is expected at the time of service. MasterCard, Visa, and personal checks are accepted. It is your responsibility to contact your insurance company to verify the benefits that your insurance will cover for Pediatric Neurology services. **Co-payments are collected at visit check-in. If your insurance does not cover services provided, you will be responsible for payment.**

INSURANCE/REFERRALS: If your insurance company requires a referral from your primary care physician, it is your responsibility to see that the referral is in place before scheduling your appointment. Please contact your primary care physician to call in the referral to your insurance company, if required.

URGENT MATTERS WHEN THE OFFICE IS CLOSED: If there is an urgent matter and the office is closed, you may call our Answering Service at (585)275-2808. Ask for the “Pediatric Neurologist on call”. There is a Pediatric Neurologist on call 24 hours a day, every day. The doctor on call may not be the one your child routinely visits, but will advise you in an urgent situation and communicate back to your regular Pediatric Neurologist. If there is an EMERGENCY situation, call 911.

If you have any questions regarding this information, please feel free to contact our office.