

UR Medicine Epilepsy Center Long Term Monitoring Referral

A Direct Admission Request must be completed for all patients you wish to refer for Long Term Monitoring. If you prefer your patient to be seen in our outpatient clinic first, please call 585-341-7500 to arrange a visit.

The following MUST accompany the Admission Request:

- A demographic sheet, including patient name, phone number and name of contact person to call to schedule with, DOB, address, PCP, and insurance information (Please include phone # for insurance if available)
- A clinic visit note or written communication, stating the patient's history/symptoms and reason for LTM
- Test results; labs, MRI and EEG reports
- Any other documentation that is important for the care of the patient

Information should be faxed to 585-442-4329, attention Sara Ludwig. If further information is required the referring provider will be contacted. Once all information has been reviewed the patient will be contacted to schedule the admission.

Insurance authorization will be started by our office; clinical and the above mentioned items will be faxed by the referring provider.

It is important that patients are made aware of the following:

- The average admission could potentially last between 3 and 14 days.
- Patients will not be able to leave the room during monitoring
- URMC/Strong Memorial Hospital is a non-smoking facility; patients are encouraged to speak with their provider regarding smoking cessation.
- Patients will be continuously monitored by both video and EEG while in the hospital. There is no video recording in the bathroom, only EEG.
- Family members are encouraged to stay with the patient, as their help is needed to identify the episodes.
- The patient will follow up with the referring provider, and will not be seen in clinic by the UR Medicine Epilepsy Center.

If you have any questions, please feel free to call Sara Ludwig at 585-275-3681.

We thank you for your referral.

UR Medicine Epilepsy Center Admission Request

Phone: (585)275-3681/ Fax: (585)442-4329

UR/Strong Memorial Hospital	Admission date:	
601 Elmwood Ave; Box 673 Rochester NY 14642	SMH MR#:	
Patient Name:	DOB:	_
Person to call to schedule (if other than patient):		Phone #:
Neuro MD:	PCP:	
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Patient History: (MUST BE COMPLETED)		
*Description of events:		
*Frequency of events:		
*Current anti-seizure meds:		
*Outpatient EEG/result:		
*Imaging/results:		
Reason for admission:		
Characterization of seizure	Concerns/Notes:	
Evaluate for Epilepsy surgery		
Evaluate for subclinical seizures		-
Suspected psychogenic events		
Other:		
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MD signature:	Date:	
Office contact name:	Phone #:	

Revised Oct 2016