Fahd R. Khan, M.D., MSE

NEUROSURGERY, SAN JOSE

NEUROSURGICAL REFERRAL

Patient's Name: _____ Referring MD: _____

Patient's Phone (#1): _____ MD Phone #: _____

Patient's Phone (#2): _____ MD Fax #: _____

Date of Birth: _____ Gender: M / F MD Address: _____

Date of Referral: _____ _____

VASCULAR

- ☐ Aneurysm
- ☐ Cavernous Malformation
- ☐ Arteriovenous Malformation
- ☐ Carotid Endarterectomy
- ☐ Subdural / Epidural
- ☐ Hematoma

SPINE

- ☐ Cervical Diskectomy
- ☐ Lumbar Diskectomy
- ☐ Lumbar Decompression
- ☐ Spinal Fusion
- ☐ Spine Tumors Spine
- ☐ Facture
- ☐ Deformity Correction
- ☐ Spine Infection

PERIPHERAL NERVE

- ☐ Carpal Tunnel Syndrome
- ☐ Ulnar Nerve Entrapment
- ☐ Radial Nerve Entrapment
- ☐ Occipital Neuralgia

DEEP BRAIN STIMULATION

- ☐ Parkinson's disease
- ☐ Essential Tremor
- ☐ Other

EPILEPSY

- ☐ Medically Intractable Epilepsy
- ☐ Mesial Temporal Sclerosis
- ☐ Vagal Nerve Stimulation

TUMORS

- ☐ Meningioma
- ☐ Glioma
- ☐ Acoustic Schwannoma
- ☐ Pituitary Adenoma
- ☐ Metastasis
- ☐ Other

INTERVENTIONAL PAIN / SPASTICITY

- ☐ Trigeminal Neuralgia
- ☐ Spinal Cord Stimulation Trial / Permanent
- ☐ Peripheral Nerve Stimulation Trial / Permanent
- ☐ Pain Pump Trial / Implant
- ☐ Baclofen Pump Trial / Implant
- ☐ Occipital Neuralgia / Migraine Headaches
- ☐ Other

MISCELLANEOUS

- ☐ Normal Pressure Hydrocephalus
- ☐ Other Neurosurgical Conditions

BRIEF HISTORY:

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