CALIFORNIA NEUROINSTITUTE

Fahd R. Khan, M.D., MSE, FAANS, FACS **Board Certified - Neurosurgery**

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

DEEP BRAIN STIMULATION

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

SACROILIAC JOINT FUSION

- ☐ Right Side
- ☐ Left Side

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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