



EXPEDITED PRENATAL PATHWAY (1-3 WEEK WAIT)

Migraine and EMG Referral Form

Referrals will be triaged and scheduled with the first available provider

Name: _____ Date of Birth _____ ULI: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

REFERRAL INFORMATION

Referring Physician

NAME: _____
PRAC ID: _____
Phone: _____
Fax: _____

Physicians to Receive Copies

Migraine Referral

Many women will experience migraine for the first time in pregnancy and 50% of women with migraine will have an increased frequency of migraines in pregnancy.

Unfortunately, treatment options for migraines in pregnancy are limited.

To meet the need for promptly addressing migraines in pregnant women, we offer an expedited referral pathway.

- Pain to palpitation over posterior skull base (patient may be a candidate for occipital nerve blocks – considered one of the safest options for breaking and preventing migraines in pregnancy)
- Able to attend an evening clinic between 5:00pm and 8:30pm

EMG Referral

- Carpal Tunnel Syndrome**
 - Right
 - Left
 - Both
- Carpal Tunnel Injection**
- Other**

Relevant History and Examination: (include any relevant investigations, imaging studies, consults)

Referring Physician Signature: _____ Date: _____

Please fax completed referral to ANC
at 587-747-5616