



# 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