

Patient Name:		DOB	Insurer:		
Referring Physician:		Date:			
Referral is by:	Neurologist <input type="checkbox"/>	Neurosurgeon <input type="checkbox"/>	Neuro-Radiologist <input type="checkbox"/>	Pediatric Neurologist <input type="checkbox"/>	PCP <input type="checkbox"/>

Epilepsy evaluation <input type="checkbox"/>			Pre-surgical Functional Mapping <input type="checkbox"/>		
	YES	NO			
1) Are there documented clinical seizures?	<input type="checkbox"/>	<input type="checkbox"/>	13) Type of lesion? _____ _____ _____		
2) If seizures are non-convulsant type, had an EEG confirmed the presence of epileptiform abnormality to the extent the patient would be considered a surgical candidate if MEG identified a focus?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
3) What types of seizures are present?			_____		
4) How long the patient had seizures?			14) Location? Cortical <input type="checkbox"/> Subcortical <input type="checkbox"/>		
5) Was there a precipitating event? Type?			Frontal <input type="checkbox"/> Parietal <input type="checkbox"/> Temporal <input type="checkbox"/> Occipital <input type="checkbox"/>		
6) Is EEG abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	15) Type of mapping requested: Sensory-motor <input type="checkbox"/> Language <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/>		
7) Is MRI abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	16) Has a neurosurgeon determined that this patient is a good surgical candidate provided that MEG indicates favorable cortical organization? YES <input type="checkbox"/> NO <input type="checkbox"/>		
8) Are EEG and MRI data concordant	<input type="checkbox"/>	<input type="checkbox"/>			
9) Have seizures shown to be refractory? (Failure of 3 AED in 2 or more classes)	<input type="checkbox"/>	<input type="checkbox"/>			
10) Have the seizures shown to be refractory after neurosurgical intervention (failure)?	<input type="checkbox"/>	<input type="checkbox"/>			
11) Has neurologist or neurosurgeon determined that MEG would alter or guide surgical decision process?	<input type="checkbox"/>	<input type="checkbox"/>			
12) Has neurologist determined that MEG knowledge of focality would alter medication strategy or subsequent care strategy?	<input type="checkbox"/>	<input type="checkbox"/>			
17) Is a MRI required? (MSI requires a 3D volume scan of including three anatomical landmarks: left and right pre-auricular points as well as the nasion)			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
18) Is sedation required? (Typically oral conscious sedation with chloral hydrate for sleep induction)			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Other considerations: _____
