National Neuroscience Institute
SingHealth

REFERRAL TO NEUROSCIENCE CLINIC

National Neuroscience Institute (TTSH Campus)
Level 1, 11 Jalan Tan Tock Seng, Singapore 308433
6330-6363 (Appointment Line)
appointments@nni.com.sg (Email)

For Appointments, please fax the referral form to 6357-7103.

Patient's Name: _____ NRIC/Passport No: _____

Home/Mobile/Office No.: _____ Date of Birth: _____

Address: _____

Please SELECT ONLY ONE OPTION [examples of conditions in brackets]

☐ **Named Referral:**

NEUROLOGY

☐ **General Neurology**

☐ **Epilepsy** [fits, funny turns, blank stares]

☐ **Headache**

☐ **Neuro-Immunology/ Neuroinfectious disease**

☐ **Paediatric Epilepsy**

☐ **Sleep Disorders** [snoring, excessive sleepiness]

☐ **Alzheimer's Disease & Dementia**

☐ **Neuromuscular** [neuropathies, myopathies, myasthenia gravis, motor neuron disease, muscular dystrophy]

☐ **Parkinson's Disease and Movement Disorders** [parkinsonism, tremors, hemifacial spasm, dystonia, tics]

☐ **Stroke** [transient ischaemic attacks, vertebrobasilar insufficiency]

NEUROSURGERY

☐ **General Neurosurgery** [including head injury, peripheral nerve, scalp lumps, arachnoid cyst]

☐ **Brain Tumor**

☐ **Skull Base Tumor** [including cerebellopontine angle tumor]

☐ **Pituitary Surgery**

☐ **Neurovascular** [including AVM, aneurysm, carotid stenosis]

☐ **Functional Neurosurgery** including Deep Brain Stimulation, Spinal Cord Stimulation, trigeminal neuralgia, facial spasm]

☐ **Spine** [including neck/back pian, PID, myelopathy]

☐ **Hyperhidrosis**

Kindly include History, Physical Findings and Reason for Referral

Referring Doctor: _____ **Clinic Name:** _____

MCR No.: _____ Clinic Assistant: _____

Signature: _____ Telephone & Fax: _____

For NNI use only

Thank you for referring to Neuroscience Clinic, your patient's appointment is confirmed as indicated below.

Appt Date & Time: _____ Doctor: _____

Consultation Charges: _____ *(Excludes charges for medication, investigations, procedures)*

Revised Date: 27 Aug 2018