

# FUNCTIONAL NEUROLOGIC DISORDER (FND) REFERRAL FORM

## CLIENT INFO

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance carrier/ID#: \_\_\_\_\_

## REFERRING PROVIDER

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ HIPAA Secure email: \_\_\_\_\_

## CONSULTATION DETAILS

### Please check Functional Neurologic Disorder (FND) symptoms:

- Psychogenic non-epileptic seizures (PNES)       Functional motor symptoms or paralysis  
 Functional speech/swallow symptoms       Special sensory (vision, hearing, etc.)  
 Other (please describe): \_\_\_\_\_

### FND-diagnosing clinician name/specialty/institution (if different from referring):

**NOTE: Neurologic evaluation must be complete. Referrals for patients with pending evaluation will be declined.**

Y N FND diagnosis documented in at least one clinical note. **Date of note/author:** \_\_\_\_\_ (required)

Y N FND diagnosis discussed with patient. **Date of note/author:** \_\_\_\_\_ (required)

Y N Documentation that patient accepts psychiatry referral. **Date of note/author:** \_\_\_\_\_ (required)

Y N Neurologic exam shows "positive sign(s)" in accordance with the "incompatibility" criterion for diagnosis of FND. See for examples: *Espay AJ, Aybek S, Carson A, et al. Current Concepts in Diagnosis and Treatment of Functional Neurological Disorders. JAMA Neurol. 2018;75(9):1132-1141. Doi:10.1001/jamaneurol.2018.1264*

**Positive signs/ date of note:** \_\_\_\_\_

Y N Documentation of diagnostic workup, including EMG/NCS/MRI/CT/EEG where applicable.

**Study type / date(s):** \_\_\_\_\_

**Patients with PNES: Date/duration of EEG** \_\_\_\_\_ **Event captured:** Y N

### La Selva FND Track Referrals Only (Medicare/Medical not accepted)

Level of care discussed with patient (circle one):    residential      PHP/ IOP

Daily transportation available to Palo Alto? Y N Means of transport: \_\_\_\_\_

Local housing available? Y N Describe: \_\_\_\_\_

Other mental health diagnoses: \_\_\_\_\_

Medical diagnoses: \_\_\_\_\_ Special medical care needs: \_\_\_\_\_

FOR LS OFFICE USE ONLY

DATE APPROVED: \_\_\_\_\_

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## Additional Requirements (La Selva Only)

What is the difference between La Selva **residential** and **PHP/IOP** level of care?

**Residential:** Client lives at La Selva house in Palo Alto. Must meet severity requirements (e.g., 24/7 level care for safety, requires staff to manage meds). House is not ADA-accessible, so wheelchairs not permitted.

**PHP/IOP:** Client must arrange own housing. Is ADA accessible. Clients may have wheelchairs/walkers but must be independent without staff assistance.

Please complete for **all La Selva Referrals:**

- Y N Is the client is able to ambulate independently? Assistive devices: \_\_\_\_\_  
\* Wheelchair/walker/cane accepted at PHP/IOP only
- Y N Does the client have a warning for FND symptoms long enough to get to a safe place to prevent injury?  
Please describe: \_\_\_\_\_
- Y N Have there been injuries due to falls or FND symptoms themselves? If YES, please describe:  
\_\_\_\_\_
- Y N Is the client willing to and able to participate in therapy groups?
- Y N Is the client willing to disclose a statement to peers at start of program (e.g., "I have episodes which cause me to shake. I'm safe. Please allow me space to recover.")?

For **residential La Selva referrals only**, please complete the following:

- Y N Is the client able to climb 4 stairs to get in and out of house and about 10 stairs to get up and downstairs from bedroom multiple times a day?  
\* First floor room may be available based on availability; no wheelchair/walker/cane
- Y N Hygiene: Is the client able to toilet and shower independently and attend to personal hygiene?
- Y N Meals: Is the client able to prepare light meals for breakfast?
- Y N Chores: Is the client able to engage in some basic chores like dusting or taking out the recycling?  
\* There is some flexibility and accommodation with chores but other ADLs are required

### Stanford Neuropsychiatry Referrals Only

- Y N Provided the following information to client (from Epic .LASELVA smart phrase):  
Please go to the Stanford FND web site: [https://med.stanford.edu/psychiatry/patient\\_care/fnd.html](https://med.stanford.edu/psychiatry/patient_care/fnd.html)  
Click on **La Selva Frequently Asked Questions** to learn more.  
For next steps, please contact:  
For **residential** (Michelle Ly, LCSW): phone 650-323-1401 (fax 650-323-1720) [MLy@momentumforhealth.org](mailto:MLy@momentumforhealth.org)  
For **PHP/day program** (Monika Arnold): email [MArnold@momentumforhealth.org](mailto:MArnold@momentumforhealth.org) (preferred) or phone 650-617-8349
- Y N Notified Neuropsychiatry front desk to fax or secure email the following as ONE PACKET: 1) Client face sheet with insurance info, 2) FND Referral Form and 3) Recent Neuropsychiatry note with supporting procedure/imaging reports. Send to **Michelle** for **residential**, **Monika** for **outpatient (PHP/IOP)** (contact info as above). ROI not required.