



**HAWAII PACIFIC  
NEUROSCIENCE**

**Fully Integrated Multidisciplinary  
Neuroscience Team**

**Kore Kai Liow, MD** (Neurology, Cortical Neurophysiology, EEG)  
**David Kaminskas, MD** (Neurology, Headache, Facial Pain)  
**Pat Borman, MD** (Neuro-Geriatrics, Dementia & Cognitive Deficits)  
**Allison Przekop, DO** (Neurology/Peds, Parkinson's, Movement Disorder)  
**Jason Viereck, MD, PhD** (Neurology, Stroke and Vascular Neurology)  
**Michael Slattery, MD** (Neurology, Psychiatry, Sleep Disorders, EMG)  
**William Beringer, DO** (Neurosurgery, Noninvasive & Complex Spine)  
**Rachel Baek, PhD** (Neuropsychology, Psychology, Research)

*Phone: (808) 261-4476 Fax: (808)263-4476 or (808)-261-7000 www.HawaiiNeuroscience.com*

### New Patient Referral Form

#### Step 1: Request Services

Reason of Referral: \_\_\_\_\_

Procedure only  Consult & Appropriate Testing

Neurology (Adult)  Neurosurgery  Psychology  Neuropsychological Assessment  
 Neurology (Peds)  Geriatrics/ Palliative Care  Other \_\_\_\_\_

#### Step 2: Choose Testing

EEG  Video EEG  Ambulatory EEG  Sleep Studies (PSG)  MSLT Evaluation

EMG

<b>For EMG Patients ONLY,</b>			
Is Patient on Anticoagulants? Yes No If so which ones? _____			
Does patient have a pacemaker or defibrillator? Yes No			
EMG requested left up to Neurologist discretion or specifically for below:			
Upper Extremity:	Right	Left	Both
Lower Extremity:	Right	Left	Both

#### Step 3: Fill Demographics

Translator Needed if so, Language: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
LAST FIRST MI

Patient Address: \_\_\_\_\_  Male  Female

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Month Day Year

Primary Insurance: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_  
(if applicable)

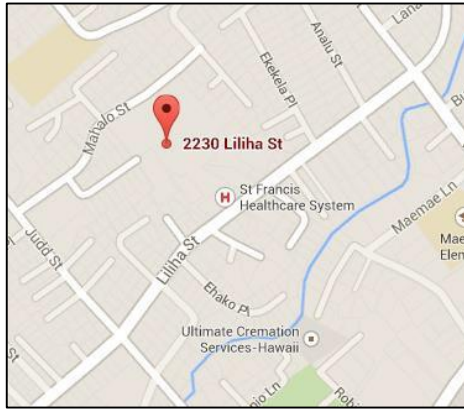
Referring Physician: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_

<b>Workers' Comp Patients Only:</b>	
Claim #:	_____
Date of Injury:	_____
Employer:	_____
Adjuster's Name:	_____
Adjuster's Fax Number:	_____
Adjuster's Phone Number:	_____
Nurse Case Manager:	_____

## Locations

### Honolulu



St. Francis Medical Center  
2230 Liliha Street  
Honolulu, HI 96817

### Windward



Adventist Health Castle  
642 Ulukahiki Street, Suite 300  
Kailua, HI 96734

### Hours of Operation:

Monday – Friday: 8:30am-5:30pm

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### Procedures:

**Electromyography (EMG)** is a technique for evaluating and recording the electrical activity produced by skeletal muscles.

*Please remember:* Please wear a modest short sleeve shirt and appropriate length shorts. Also, please avoid the use of lotions or oils on your skin. **Time: 60 min**

**Electroencephalograph (EEG)** is a test that detects electrical activity in your brain using small, flat metal discs (electrodes) attached to your scalp.

*Please remember:* Please come to your visit with clean, dry, product-free hair modest dress w a jacket to keep comfortable. **Time: 45 min**

**Video EEG (VEEG)** is the use of video cameras to capture visually the onset and characteristics of seizures.

*Please remember:* Please come to your visit with clean, dry, product-free hair. **Time: Length of testing determined by physician. Please bring change of clothes if overnight stay is planned.**

**Ambulatory EEG (AEEG)** monitoring is a relatively recent technology that allows prolonged electroencephalographic (EEG) recording in the home setting.

*Please remember:* Please come to your visit with clean, dry, product-free hair. **Time: 23-48 hours (at home)**

**Botulinum Toxin (BOTOX)** is a prescription medicine that is injected into seven key areas of both the head and neck to prevent headaches.

*Please remember:* Please avoid this treatment if you're experiencing a fever. **Time: 30 Min**

**Full Spectrum Adult Neurosurgery** considered after consultation with our neurosurgeon. Surgical procedures performed for conditions affecting the brain, spine, peripheral nerve, or for the placement of DBS or VNS.

**Time: Dependent on scope of procedure**

### ***Hawaii Centers of Excellence for Neurological Conditions***

*Center on Healthy Aging, Brain Health & Memory \* Center for Parkinson's, Movement Dis. & Neurodegenerative Dis \* Center for Headache and Facial Pain \* Center for Stroke and Neurologic Restoration \* Comprehensive Epilepsy Center \* Video-EEG Epilepsy Monitoring Unit \* Pediatric Neurology Center \* Sleep Disorder Center \* Center for Neuromuscular Dis. \* Neuropsychology Dept. \* Center for Behavioral Health \* Clinical Research Center \* Brain Health Wellness Center*