

To request a **second opinion** or to **transfer** your care to the Division of Neurology at Children's Hospital of Philadelphia, please forward the following information to us:

- Complete this intake form
- Request all previous neurology office visits, relevant tests and lab results from current and past providers
- All documents can be sent to us by fax, mail or email:
 - **Fax:** 215-590-1771, Attention: Second Opinion – please use mail if more than 25 pages!
 - **Mail:** Children's Hospital of Philadelphia
Division of Neurology
Attention: Second Opinion
3401 Civic Center Blvd.
Philadelphia, PA 19104
 - **Email:** neurosecondopinion@email.chop.edu
- **Once we receive the completed form and your child's medical records, we will review all reports and contact you to schedule an appointment.**

Patient's name:

Date of birth (month/day/year):

Parent/guardian name:

Phone number:

1. Why are you seeking an evaluation in Neurology at CHOP?
2. What are your child's current neurologic symptoms and diagnoses?
3. What questions would you like addressed at your appointment?
4. What tests have been completed? **Please make sure these results are included when you send your child's medical records to us, including neuroimaging (MRI, CT scan), EEG, EMG, and neurogenetic tests.**
5. Who is referring you?
6. Is there any other relevant information that you would like to share with us?