The following is a listing of clinical conditions appropriate for clinical telehealth pediatric neurology consultations. If you would like to refer a patient with a condition which is not listed below, please send your request with the patient’s chart notes to the telehealth coordinator for the specialist’s consideration.

**Clinical Conditions:**
Abnormal neuroimaging
Development/neurological deterioration
Movement disorders
Neuromuscular disorders
Seizures
Tics, tic-like movements/abnormal movements
Weakness/hypotonia

**Please note: no behavior issues or autism referrals**

**Clinical Information If Available:**
Complete H & P
Growth charts
Pertinent outside records, documentation of previous neurological/developments evaluation
Current medications, allergies & drug levels
Summary of patient’s course regarding neurological issues: frequency, severity and response to interventions
Copy of PCP initial intake and follow-up evaluation pertaining to problem prompting referral indicating his/her impression, plan & specific questions
Specialist notes: e.g. geneticist, ophthalmology, previous neurology
Report of labs (chem panel, CBC, drug levels, genetic tests, toxicology screens), diagnostics (EEG)
CT and MRI films (on CD)
Some assurance that the family understands reasons for referral Neurological questionnaire
Relevant family/social history

**Consultant:**
Celia Chang, M.D.
William Benko, M.D.

**Appointment Scheduling:**
New: 60 minutes
F/U: 30 minutes

**Level of Presenter Required:**
Primary Care Provider for entire visit: MD, PA, NP

**Video Equipment Required:**
Videoconferencing unit

**The following information must be received prior to scheduling an appointment:**
1. [Telehealth Referral Request Form](#).
2. Recent H&P and all applicable clinical information from patient chart
3. Additional labs, patient data, imaging CDs or a patient history form prior to appointment
4. New Patient Questionnaire

**The following must be received before the consult begins:**
1. Signed [UC Davis Health Acknowledgement of Receipt: Notice of Privacy Practices form](#) (new patients only)
2. Documented verbal consent from patient for participation in telehealth consultation

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UC Davis Health Clinical Telehealth Program
Toll Free: (877) 430-5332
Referral Fax: (866) 622-5944