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

**Clinical Conditions:**
- Seizures
- Development/neurological deterioration
- Weakness/hypotonia
- Neuromuscular disorders
- Movement disorders

**Clinical Information if Available:**
- Complete H&P
- 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 & follow-up evaluation pertaining to problem prompting referral indicating his/her impression, plan & specific questions
- Relevant family/social history
- Report of labs, diagnostics (EEG), CT and MRI films
- Some assurance that family understands reasons for referral

**Appointment Scheduling:** 45-60 min
**Level of Presenter Required:** Primary Care Provider for the last 15 minutes of the appointment to assist with physical exam

**Video Equipment Required:**
1. Videoconferencing unit

**Non-Video Equipment Required:**
1. Exam Table

**If possible, please also include:**
- Video ophthalmoscope
- Electronic stethoscope
- Reflex hammer
- Sharp pin (for sensation testing)

**The following information must be received prior to scheduling an appointment:**
1. Telemedicine Consult Request form
2. “Necessary Clinical Information” listed in column on left

**Signed consent form, explained to the patient’s satisfaction must be received before consult begins**

**UC Davis Consultant:** Shubhangi Chitnis, M.D
**UC Irvine Consultant:** Ira T. Lott, M.D.

**Patient Presentation Considerations:** Upon request, presenter must be able to direct the camera to the patient’s feet to capture the gait. Patient must be placed in a comfortable chair or on the parent’s lap.

**To refer a patient, please fax referral request form and patient medical record information outlined in this guideline to either of the following:**

For UC Davis: Intake Coordinator: (877) 430-5332 Intake Fax: (866) 622-5944
For UC Irvine: Clinic Coordinator: (714) 456-5333 Fax: (714) 456-8466

**For patient scheduling and Neurology clinic coordination, please contact:**
For UC Davis: Clinic Coordinator: (916) 734-1682 Clinic Fax: (916) 456-2607
For UC Irvine: Clinic Coordinator: (714) 456-5333 Clinic Fax: (714) 456-8466