University of Iowa Health Care
Division of Pediatric Neurology,TSC Clinic
200 Hawkins Drive
Iowa City, IA 52242
https://uihc.org/childrens/services/tuberous-sclerosis-complex-tsc-care

Pediatric Neurology – Tuberous Sclerosis Complex Referral Form **Date of Request:** _____

Please complete this form and fax this along with the requested patient medical records noted below to our Pediatric Neurology Nursing Office: **FAX: 319-384-8818** PH: 319-356-8427

Reason for Referral:_____
_____

*** We are unable to process requests without the following information ***

____ Most recent clinic note
____ Most recent H&P/discharge summary if hospitalized and any ED visit notes
____ Abdomen ultrasound/MRI reports and images if obtained
____ Brain MRI reports and images if obtained
____ Any other reports of testing related to TSC issues (EEG, ECHO, EKG, genetic testing, pulmonary CT, etc.)
____ Other services consulted _____
____ Please notify us of the details of any prior communication with Pediatric Neurology (who, when, and guidance considered) _____
_____

Please check any TSC diagnostic criteria the patient has:

____ Hypomelanotic macules
____ Angiofibroma or fibrous cephalic plaque
____ Ungual fibromas
____ Shagreen patch
____ Multiple retinal hamartomas
____ Multiple cortical tubers and/or radial migration lines
____ Subependymal nodule
____ Subependymal giant cell astrocytoma
____ Cardiac rhabdomyoma
____ Lymphangioleiomyomatosis (LAM)
____ Angiomyolipomas
____ Genetic diagnosis TSC1 or TSC2
____ Family history of TSC (list relation) _____
____ "Confetti" skin lesions
____ Dental enamel pits
____ Intraoral fibromas
____ Retinal achromatic patch
____ Multiple renal cysts
____ Nonrenal hamartomas
____ Sclerotic bone lesions

Patient Name: _____ **DOB:** _____
Patient Preferred Name: _____ **SEX:** M F Other **Gender Identify:** M F Other
Guardian Name: _____ **Relationship:**_____
Address: _____
Home Phone:_____ **Work or Cell phone:** _____
Referring Provider:_____**NPI #:**_____
Phone:_____**Fax:** _____
Address: _____