Advances in Medicine Series: Common Neurological Problems in Primary Care
Thursday, September 27, 2012 – 6:30 p.m. to 8:30 p.m.
Haggar Hall, Texas Health Presbyterian Hospital Dallas, 8200 Walnut Hill Lane, Dallas, TX 75231

Agenda:
5:30 p.m.  Registration and Dinner

6:30 p.m.  **Headache**
Angela Young, M.D.
*Neurology*
Texas Health Presbyterian Hospital Dallas - Dallas, Texas

7 p.m.  **Stroke**
Samir Shah, M.D.
*Neurology*
Texas Health Presbyterian Hospital Dallas - Dallas, Texas

7:30 p.m.  **Interventional Neuroradiology for the Primary Care Physician**
Christopher Putman, M.D.
*Radiology*
Texas Health Presbyterian Hospital Dallas - Dallas, Texas

8 p.m.  **Seizures**
Venkatesh Nagaraddi, M.D.
*Neuroradiology*
Texas Health Presbyterian Hospital Dallas - Dallas, Texas

8:30 p.m.  Evaluation and Adjourn

Objectives: Upon completion of this activity, the participants should be able to:
- Evaluate the symptoms of chronic headache.
- Appropriately diagnose headaches and apply pharmacological treatment.
- Identify and discuss the warning signs for stroke in order to apply TPA during the appropriate timeframe.
- Discuss appropriate management for stroke and tools for stroke prevention.
- Discuss common diseases treated by neurointerventionalist.
- Identify the various forms of epilepsy and appropriately categorize the difference between a psychiatric problem versus an epileptic seizure.
- Discuss evidence-based medicines for managing epilepsy.

Target Audience: Primary Care & Family Practice Physicians

Format: Didactic Lectures with Case Presentation and Question/Answer Session

Location: Haggar Hall, Texas Health Presbyterian Hospital Dallas
8200 Walnut Hill Lane, Dallas, TX 75231

Parking: Parking is available in Parking Lot 1.

Accreditation:
Physicians:
The Texas Health Research & Education Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Texas Health Research & Education Institute designates this live activity for a maximum of 2 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Additional Information: For more information, please contact Eresah Carr at 214-345-2330, send an email to CME@TexasHealth.org, or visit www.TexasHealth.org/CME.

*Doctors on the medical staff practice independently and are not employees or agents of the hospital except resident doctors in the hospital's graduate medical education program.*
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****Complimentary Registration****

Due to limited seating, advanced registration is encouraged. Please register by September 24, 2012. All registrations will be confirmed.

REGISTER BY:
- Web site: www.TexasHealth.org/CME
- Mail: Texas Health Research & Education Institute, CME Department, 612 E. Lamar Blvd., Ste. 1400, Arlington, TX 76011
- Fax: 682-236-6622
- Toll-Free: 1-866-295-3269

CANCELLATION: If you cannot attend, contact the Office of Continuing Medical Education prior to September 24, 2012. In the event of course cancellation, notification will be given two weeks in advance of the conference.

Please type or print legibly

First Name_________________________________________ Last Name_________________________________________

Last 4 digits of SSN_________________ Texas Health Resources Employee ID # (if applicable) ________________

Please Select as Appropriate:  M.D.  D.O.  N.P.  P.A.  R.N.  Other______________

Hospital Affiliation:________________________________________ Specialty: ________________________________

Home Address______________________________________________________________

City, State, Zip Code_____________________________________________________________________________

Preferred Phone #:  ☑ WK  ☑ HM  ☑ Cell (______) _________________________ Fax #: (______) ___________

Email: __________________________________________________________________________________________

(Confirmation will be sent to the email address above)

Do you have any special physical, dietary or other needs: ☑ No  ☑ Yes  If yes, please describe:_____________________

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ON-SITE EMERGENCY INFORMATION

Emergency Contact:________________________________________ Emergency Phone Number:_________________