

Humboldt County Referral Form – Specialty Guidelines

Humboldt Neurological Medical Group, Inc.

- Fax referrals to (707) 442-2362.
- **Please ask your patient to contact us 15 business days after sending the referral to schedule an appointment.**
- All referrals are reviewed by the physicians. If further information is requested by our office, the referral will remain in pending status until that information is received.
- All referrals must include: Two (2) most recent chart notes relevant to the diagnosis/reason for referral; hospital H&P or discharge summary; medication list; any and all neurology consults notes, other than Humboldt Neurology; any and all imaging related to this diagnosis, less than 6 months old; copy of patient insurance card(s); authorization, if required.
- Urgent or STAT referral requests – please have the referring provider call our office to speak with a physician. Phone (707) 443-9385

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing/ Documentation
CVA or Stroke	Hospital Records and any test results	
Dementia or Memory Loss	<p>State Law requires mandatory reporting of Alzheimer’s Disease and related conditions. Have you reported this patient to Humb Co Public Health and advised the patient of the mandatory reporting to DMV? (Please send copy of report) Mental Status Exam results Lab results that include: B12, Folate & Thyroid studies.</p>	
Headaches/Migraine	<p>Imaging results, if available</p> <ul style="list-style-type: none"> • Duration of headache disorder, frequency and severity. • Neurologic exam results <p>All medications tried, dosages, & results List of any chronic analgesics, including fiorinal, narcotics, or ergotamines.</p>	
<p>Multiple Sclerosis (MS)</p> <p>Is this a new diagnosis of MS? Yes No</p>	<ul style="list-style-type: none"> • MRI results (please have films forwarded to Humboldt Neurology, if available, when referral is accepted) • Previous neurology evaluations 	
<p>Parkinsons or Movement Disorder</p> <p>New Onset? Yes No</p>	<p>Duration of symptoms Ongoing or previous usage of antipsychotic meds?</p>	
<p>Seizure Disorder or Loss of consciousness or syncope</p> <p>Have you reported this incident to Public Health? Y N</p>	<p>Select primary reason for consult:</p> <ul style="list-style-type: none"> • New diagnosis of seizure • Syncope or Loss of consciousness • Seizure disorder that is poorly controlled • Seizure disorder that is controlled, but seeking additional opinion • Episodic conditions, possibly seizures, not due to drug intoxication, withdrawal or metabolic disturbances 	

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<p>State law requires mandatory reporting of disorders characterized by losses of consciousness. Please make sure you report this patient to Humb Co Public Health and advise the patient of the mandatory reporting and subsequent notification to DMV. (Please send copy of report</p>	<p>Does the patient have a history of drug or alcohol abuse? Yes No Unknown If yes, provide substance abuse history information: How long ago? How much? How often? Has the patient had an EEG? Yes No If Yes, provide EEG results If No, confirmation an EEG has been ordered</p>	
<p>Vertigo or Dizziness</p>	<p>Duration of condition Frequency, duration & severity of symptoms Aggravating factors (e.g. positional changes)</p>	
<p>Other Neurological Conditions (Note: Neurological referral is generally unnecessary for back pain without radicular or cord level sensory loss, weakness, extremity pain or urinary problems.)</p>	<p>Indicate symptoms, examination findings, test results or possible diagnoses for which consultation is requested. Please state a specific question to be answered.</p> <p>For back pain with radicular signs and symptoms: recommend trial of physical therapy and RX strength anti-inflammatories and/or MRI scan of the spine.</p> <p>For back pain with myelopathic signs and symptoms (sensory level paraparesis, incontinence): recommend urgent MRI scan.</p>	
<p>Testing: EMG – characterizes the electrical activity of a skeletal muscle. Select the requested tests from list below and enter on referral form: Right lower extremity Left lower extremity Right upper extremity Left upper extremity Bilat. lower extremities Bilat. upper extremities</p>	<p>Select a reason for EMG:</p> <ul style="list-style-type: none"> • Disc disease with suspected radiculopathy • Myopathy; abnormality of the muscle • Spondylosis w/radiculopathy • Sciatica • Symptomatology such as neck pain, back pain with extremity pain • Brachial Plexus injury • Neurogenic Thoracic Outlet Syndrome • Pain in limb • Foot drop <p>Has pt tried & failed conservative therapies such as braces and rehabilitation therapy prior to this referral? Yes No</p> <p>Does the pt’s physical exam show significant atrophy and/or weakness or sensory loss? Yes No</p>	
<p>Nerve Conduction (NCS) – quantifies the response of a nerve to a given stimulus.</p>	<p>Select a reason for Nerve Conduction:</p> <ul style="list-style-type: none"> • Carpal Tunnel: lesion of median nerve at the wrist • Cubital Tunnel: lesion of ulnar nerve at the elbow 	

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<p>Select the requested tests from list below and enter on referral form:</p> <p>Right lower extremity Left lower extremity Right upper extremity Left upper extremity Bilat. lower extremities Bilat. upper extremities</p>	<ul style="list-style-type: none"> • Guyon canal: lesion of ulnar nerve at the wrist and hand • Polyneuropathy – diabetic/renal, etc. • Tarsal Tunnel: pinched tibial nerve at the ankle • Neurogenic Thoracic Outlet Syndrome • Pain in limb • Numbness, tingling in extremity • Peroneal neuropathy • Peripheral neuropathy • Foot drop <p>Has pt tried & failed conservative therapies such as braces and rehabilitation therapy prior to this referral? Yes No</p> <p>Does the pt’s physical exam show significant atrophy and/or weakness or sensory loss? Yes No</p>	
<p>EEG - requires EEG Order form</p>	<p>Please complete the referral process and send the completed EEG Order form with ICD-10 codes and a physician signature.</p>	