

Humboldt County Referral Form – Specialty Guidelines

ST JOSEPH HEALTH NEUROSURGERY		V10.15.18
<ul style="list-style-type: none"> • Please ask your patient to contact our office AFTER 10 business days to schedule the appointment. This will give us time to process the referral. • Unless urgent, eRAF must be included in the referral for patients with Partnership Health Plan. • Fax referral to 707-269-3791 		
Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
LOW BACK PAIN with radiculopathy	<ul style="list-style-type: none"> -Referring provider’s H&P and office notes -Recent MRI imaging of lumbar spine -Recent Physical therapy -Recent use of NSAIDs, gabapentin, analgesics 	<ul style="list-style-type: none"> • Documentation of conservative treatment measures attempted and failed (Pain medication, interventional pain management, etc). • Imaging: L-Spine X-rays, Dexa report
NECK PAIN with radiculopathy	<ul style="list-style-type: none"> -Referring provider’s H&P and office notes -Recent MRI imaging of cervical spine 	<ul style="list-style-type: none"> • Documentation of conservative treatment measures attempted and failed (Pain medication, physical therapy, interventional pain management, etc). • Imaging: C-Spine X-rays, DEXA report
BRAIN LESIONS	<ul style="list-style-type: none"> -Referring provider’s H&P and office notes -Recent MRI imaging of brain 	
PERIPHERAL NERVE LESIONS	<ul style="list-style-type: none"> -Referring provider’s H&P and office notes -Recent neurodiagnostic testing (nerve conduction velocity and EMG testing of the affected extremity) 	Documentation of neurological evaluation/consultation
PRIOR SURGERY FOR SAME BODY PART	-Operative report	H&P, discharge. Imaging before surgery, report as well as CD that is dicom transferable, IF imaging was done other than at ST Joes, Mad River, or Mercy Medical Center.