

# Adult Neuroscience Patient Referral Checklist

Thank you for referring your patient to the OHSU Brain Institute. The following checklist is designed to streamline referrals to our various specialty programs and clinics.

If patient needs to be seen in less than 48 hours, call OHSU Physician Advice and Referral Service at 503-494-4567 or 800-245-6478. Fax referrals to 503-346-6854.

#### For every specialty referral, please include:

- Demographics (name, gender, DOB, address, contact information)
- Updated contact information for the family/guardian and/or caseworker
- Insurance information and authorization (if required)

- Date of symptoms onset
- Referring provider and primary care provider name
- Diagnosis

Reason for referral – specific medical issue to address Please see additional requirements by each specialty for a timely referral.

For chronic neurological pain management (low back or neck pain) call to schedule OHSU Comprehensive Pain Center at 503-494-7246. Fax referral to 503-346-6854

For Traumatic Brain Injury referrals, please contact OHSU Rehabilitation Services at 503-494-3151 for triaging.

## Aging, Alzheimer's and Dementia

- Chart notes (including any from previous neurologists) within the documenting need for evaluation by aging and Alzheimer's ne
- Patient must have been seen by a neurologist within the past yea
- All available brain imaging (MRI, CT, PET) pushed electronically, if
- All available EEG or EMG results
- Most recent blood work relevant to dementia workup: B12, T and CMP
- Referrals for patients under the age of 50 will be screened un have Down Syndrome

#### ALS and Neuromuscular

- Chart notes (including any from previous neurologists) within year documenting need for evaluation by a neurologist
- All available brain imaging (MRI, CT, PET) pushed electronically, if
- All available records related and results of EEG, EMG, CPK, m biopsies, nerve biopsies, genetic testing and myasthenia gravi antibody panel
- Accepts referrals for nerve biopsy, muscle biopsy and skin bio epidermal nerve fiber

### Cerebrovascular Disease / Stroke

- Stroke-related provider records, ER records and/or hospital discharge
- All available brain imaging (MRI, CT, PET) pushed electronically

## Clinical Neurophysiology: EEG, EMG, Autonomic Testing

Specify exact test(s) requested

	Epilepsy / Epilepsy Monitoring Unit (EMU)	Neuro-oncology
:he last year neurologist ear 1, if possible	<ul> <li>OHSU offers one-time expert consultations for seizures or seizure-like events</li> <li>Chart notes (including any from previous neurologists) within the last year documenting need for evaluation by a neurologist (unless patient has a Vagus Nerve Stimulation implant)</li> <li>All available brain imaging (MRI, CT, PET) pushed electronically, if possible</li> <li>All available EEG or EMG results</li> </ul>	<ul> <li>Chart notes (including any from previous neurologists, neurosurgeons and radiation oncologists) within the last year documenting need for evaluation by a neurologist</li> <li>All available brain imaging (MRI, CT, PET) pushed electronically, if possible</li> <li>All available pathology tissue slides</li> </ul>
, TSH, CBC		Neurosurgery — Facial Pain, Nerve, Pituitary, Skull-base, Vascular
inless they in the last , if possible muscle ivis	<ul> <li>Multiple Sclerosis / Neuroimmunology</li> <li>Chart notes (including any from previous neurologists) within the last year documenting need for evaluation by a neurologist</li> <li>Patient must have been seen by a neurologist within the past year</li> <li>All available brain/cervical and thoracic spine MRIs pushed electronically, if possible</li> <li>All available EEG or EMG results</li> <li>All available spinal tap, VEP, blood test results including general chemistry, blood counts and vitamin D levels</li> </ul>	<ul> <li>Most recent, relevant progress notes</li> <li>Outline of therapy and/or treatments in last six months</li> <li>Any abnormal neurological exam findings (reflex loss, dermatomal muscle weakness or sensory loss, EMG or NCV evidence of nerve root impingement, cauda equina syndrome, neurogenic bowel or bladder)</li> <li>Any previous surgery notes</li> <li>All available imaging (MRI, X-ray, CT, angiogram) pushed electronically, if possible</li> </ul>
iopsy for rge summaries Ily, if possible	<ul> <li>Neurology - Comprehensive Adult</li> <li>Chart notes (including any from previous neurologists) within the last year documenting need for evaluation by a neurologist</li> <li>All available brain imaging (MRI, CT, PET) pushed electronically, if possible</li> <li>All prior EEG or EMG results</li> <li>All available pathology tissue slides</li> </ul>	<ul> <li>Chart notes (including any from previous neurologists) within the last year documenting need for evaluation by a neurologist</li> <li>All available brain imaging (MRI, CT, PET) pushed electronically, if possible</li> <li>All available EEG or EMG results</li> </ul> Please note: Our clinics are currently not accepting referrals solely for motor vehicle accidents (MVA), worker's compensation evaluations, individual medical

evaluations (IME), third party litigation and disability determinations.