

NEUROLOGY REFERRALS

Thank you for choosing St. Peter's Health Medical Group Neurology! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-447-5916.**

Please mark the referral reason and ensure the corresponding information is enclosed:

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| <ul style="list-style-type: none"><input type="checkbox"/> For all referrals please send:<ul style="list-style-type: none"><input type="checkbox"/> Primary Care Provider's information<input type="checkbox"/> Prior neurology and neuropsychology records<input type="checkbox"/> 3-6 months of laboratory results<input type="checkbox"/> Migraines (unilateral, throbbing pain with two of the following: nausea/vomiting, photophobia, phonophobia, decreased activity)
<i>Prior to referral please complete a two month trial and fail of:</i><ul style="list-style-type: none">• <i>Two abortive therapies (such as Imitrex, Maxalt, Zomig, etc) and</i>• <i>Two prophylactic therapies (Topamax, amitriptyline, propranolol, etc)</i><input type="checkbox"/> Tension headaches (start at back of head and/or neck with dull aching pain; can become whole head pressure)<ul style="list-style-type: none"><input type="checkbox"/> Complete a two month trial and fail of physical therapy | <ul style="list-style-type: none"><input type="checkbox"/> Syncope or seizure-like activity<ul style="list-style-type: none"><input type="checkbox"/> First time event does not necessarily require neurology referral for syncope and other causes should be evaluated; 96% is not neurologic in nature<input type="checkbox"/> Sleep-deprived electroencephalography (EEG) report<input type="checkbox"/> Multiple Sclerosis or abnormal brain MRI<ul style="list-style-type: none"><input type="checkbox"/> MRI interpretation including "cannot exclude demyelinating disease" without presentation of neurologic symptoms, repeat imaging 6-12 months; no referral needed<input type="checkbox"/> MRI brain with and without contrast report, images<input type="checkbox"/> MRI cervical spine with and without contrast report, images<input type="checkbox"/> Other: _____ |
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Please push all images to PACs at St. Peter's Health or mail hard copy disk. Our providers will review all documents and imaging once received and your patient will be called to schedule.

Thank you again for choosing St. Peter's Health!

Best Regards,
St. Peter's Health Neurology