



Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
593 Eddy Street
Ambulatory Patient Center (APC) 5th Floor
Providence, RI 02903 Phone 401-444-5507 Fax: 401-444-8602
<http://www.lifespan.org/rih/services/ambulatory/>

NEUROLOGY CLINIC

MR#

Session Times: Tuesday Mornings and Thursday Afternoons

For urgent matters *please send patient to ER, and If you are in need of reaching the clinic please call 444-5507.*

Patient's Name: _____	Date of Referral: _____
Address: _____	Referring Physician: _____
DOB: _____ Sex: _____	Address: _____
SS#: _____	_____
Interpreter Required Y N Language _____	_____
Phone: _____	Phone: _____
Insurance: _____	Fax: _____

PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

GUIDELINES:	Please follow the guideline below to facilitate patient care.
All REFERRALS: Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.	
<u>SEIZURE Disorder</u> Lack of control despite adequate anticonvulsant levels Question of seizure / Uncertainty regarding cause Complex medication regimen, or side effects Time to taper meds Change in seizure pattern	Include: EEG MRI with and without gadolinium with seizure protocol CBC and LFT results Recent anti-epileptic levels We request that patients under good control, where there is not a question to be answered, not be referred "to be followed"
<u>Low Back Pain</u> Unusual in nature or by history Associated non-radiculer findings on exam	We rarely follow patients with low back pain. Consider referring directly to Ortho or Neurosurgery if patient exam and imaging suggest surgery. If musculoskeletal pain chronic in nature, or failed surgery, consider referring to rehab or Physiatrist
<u>Headache</u> Type of Headache Unusual Headache Lack of response to current treatment	Include: MRI if abnormal exam Headache log preferred Patient with Chronic Daily Headache should be weaned from ALL meds prior to referral. The Neurology Clinic does NOT prescribe narcotics.
<u>Multiple Sclerosis</u> Confirm diagnosis Beginning/tapering immunosuppressive Change in course / Exacerbation	Include: Recent MRI without and with enhancement. If MRIs done outside of Lifespan system, patient MUST bring films with them Include: Recent CBC, LFTs, electrolytes If performed, LP results
<u>Memory Loss/Dementia</u> Type of dementia Unusual course Use of medication	The Neurology Clinic does NOT provide cognitive or Neuropsychological testing Include: Recent Complete Physician H and P CT or MRI, Thyroid panel, B12, folate, RPR, LFTs, CBC, appropriate medication levels

Reason for Referral: _____

Signature: _____ Print Name: _____

Clinic Use Only: Date Received: _____ Coordinator Initials: _____

Appointment Given _____ Patient Notified: _____

Triage Comments: _____

Signature: _____ Print Name: _____