



Rhode Island Hospital  
A Lifespan Partner

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

NEUROSURGERY CLINIC

MR#

Session Times: Monday Afternoons

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!*

<b>GUIDELINES:</b> Please follow the guideline below to facilitate patient care.	
Include patients last PE, progress note for visit that generated referral, current medication list.	
Low Back pain, Neck pain, or cervical or lumbar radiculopathy	Include either an MRI or CT myelogram within 6 months. Patients with only bck or neck pain and no radicular, or myelopathic signs or symptoms should, whenever possible, receive a trial of physical therapy and NSAIDs prior to referral.
VP Shunt	Should have recent Brain CT and shunt series (x-rays) No need to refer patients with shunts who have no symptoms (i.e. HA N/V, somnolence)
Cerebral Aneurysm	Needs recent MRA, CTA or angiogram - within 6 months
ER or hospital follow-ups for cervical, thoracic or lumbar fractures managed without surgery	All need X-rays or CT scan of affected area within 2 weeks of clinic visit
F/U Closed Head Injuries	No need for follow-up before 4 weeks. Chronic HA and post-concussive symptoms from remote CHI can be referred directly to Neurology.

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Clinic Use Only: Date Received: \_\_\_\_\_ Coordinator Initials: \_\_\_\_\_

Appointment Given \_\_\_\_\_ Patient Notified: \_\_\_\_\_

Triage Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_