uchealth

Department of Neurology Referral Intake Form

Has the patient already seen a neurologist for the current neurological concern? ☐ No ☐ Yes

☐ **IF NO**: General Neurology - Initial evaluation and management of current neurological symptoms for patients who have NOT yet been evaluated by a neurologist. Second opinions or transfers of care are not appropriate for UCHealth General Neurology.

Please provide a brief description of the patient's current neurological symptoms:

☐ **IF YES**: Subspecialty Neurology - Higher level expert care of established neurological conditions **OR** patients without clear diagnoses despite previous neurological evaluations.

Please specify the condition of concern and select the appropriate subspecialty clinic below to ensure correct scheduling.
If this referral is to re-establish care with a University of Colorado neurology subspecialist, please also write the neurologist's name below.

- ☐ Cognitive Neurology: Alzheimer's disease, Lewy body dementia, frontotemporal dementia
- ☐ Cognitive Neurology Advanced Therapies: Diagnosed Alzheimer's disease interested in anti-amyloid therapies
- ☐ Epilepsy: Complex epilepsy and seizure syndromes, surgical epilepsy evaluations
- ☐ Headache/Migraine: Refractory migraine (non-response ≥ 2 meds), trigeminal autonomic cephalgia, trigeminal neuralgia
- ☐ Moderate/Severe Traumatic Brain Injury: Brain injury requiring hospitalization/ICU/rehab stay*(**excludes** concussion/mild TBI)*
- ☐ Movement Disorders: Parkinson's, dystonia, tics, ataxia
- ☐ Movement Disorders Advanced Therapies: Deep brain stimulation, focused ultrasound, medication pumps
- ☐ MS/Neuroimmunology: Multiple sclerosis, neuromyelitis optica, demyelinating disease
- ☐ Autoimmune Neurology: Autoimmune/paraneoplastic encephalitis, stiff person syndrome, CNS vasculitis, neurosarcoidosis
- ☐ Neuromuscular: Myopathy, muscular dystrophy, myasthenia gravis, Guillain-Barre, CIDP, hereditary neuropathy
- ☐ Neurovascular: Recent (<12 months) stroke or cerebral hemorrhage, cerebral vascular malformations
- ☐ Time Sensitive Diagnoses (reviewed immediately for ASAP appointments): Examples include ALS/motor neuron disease, rapidly progressive dementia (<12 months with concern for prion disease), trigeminal neuralgia or cluster headache in active pain, Huntington's disease, neurological symptoms in pregnancy

Are you unsure of the most appropriate subspecialty clinic for this patient and would prefer a clinical review of the case prior to scheduling? This may result in a bill to the patient for an eConsult. ☐ Yes ☐ No

RECORDS: Please attach pertinent clinical notes, medication lists, and recent lab work

Has the patient had any imaging of the brain and/or spinal cord (CT, MRI, PET)? ☐ Yes ☐ No

All neuroimaging must be pushed to UCHealth via PowerShare by the referring provider's office. Appointments made without imaging available in PowerShare may be cancelled.

Imaging facility where CT/MRI/PET performed: _____

PATIENT INFORMATION:

Patient name: _____ Date of birth _____

Preferred phone number: _____

If your patient is unable to make the appointment for themselves, please list contact person:

Patient contact: _____ Relation: _____ Phone: _____

Referring provider: _____ **Primary care provider**: _____

If your facility is not in CareEverywhere, please provide fax number where consultation notes should be sent: _____

Return to Neurosciences Department by Fax: 720-848-0015 - Main Phone: 720-848-2080