



The **Neurology Clinic** has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

**Depending on the referral diagnosis, the following studies should be completed and reports enclosed at the time of request for neurology consultation.**

**1. Headaches**

- CT Scan **or** MRI of the brain

**2. Stroke**

- CT Scan **or** MRI of the brain
- Hospital discharge summary and stroke work up. (If from outside facility)

**3. Seizure**

- CT Scan of the brain **or** MRI of brain
- EEG

**4. Multiple Sclerosis**

- MRI of the brain

**5. Memory Loss**

- CT Scan **or** MRI of the brain
- MM state score

**6. Syncope**

- ECG
- Holter
- ECHO

**7. Pure Vertigo/Giddiness**

- Provide reports of ENT Evaluation

**8. Neurology Follow-up**

- If a patient has been seen in neurology clinic in the last year and needs a follow-up, the last neurology follow-up note should be enclosed with a request for follow-up.

**9. Requests for EMG and Nerve Conduction**

- Requests should be referred to the neuro-diagnostic lab and not the clinic.

**10. CT Syndrome**

- Request NCS/EMG- if not yet done.
- If NCS E/ CTS- Refer to hand surgery service.