



The Neurosurgery 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.

Pediatric patients should be referred to Riverside University Health Systems.

For all patients, if there has been recent worsening, please call Jeanette at 909-580-1712. Appointments should be made for urgent consult if slowly worsening. Send to Emergency Room for acute deterioration.

When submitting a referral request, a note containing a neurologic exam should be submitted with referral request. In all cases where imaging has occurred at an outside facility, patient will need to bring CD with images to clinic visit. Reports of most recent Imaging report to be submitted with referral. Imaging should optimally be within 6 months; referral will be returned if imaging was taken over 1 year prior to the anticipated clinic visit.

1. Patients who are recent hospital discharges seen by Neurosurgery with recommendation for follow up in Neurosurgery clinic.

- A. For patients treated at ARMC, Neurosurgical consult or discharge summary to be attached to referral.
- B. For patients with Neurosurgical pathology treated at another institution: H&P, discharge summary, imaging reports, operative reports and pathology reports, as applicable.

2. New consults—Relevant records to be submitted with all referrals

- A. VASCULAR LESION
 - i. MRI and/or CT with MRA or CTA.
 - ii. For venous angiomas or venous thrombosis, MRV.
 - iii. Conventional angiography if done.
- B. BRAIN TUMOR OR ABSCESS
 - i. MRI with and without contrast within maximum of 6 months preceding referral.
 - ii. CT with and without contrast if patient cannot have MRI, e.g. pacemaker.
 - iii. Operative report if patient has already had surgery. If patient already operated, please send reports of pre and post-operative imaging, and pathology report.
- C. PITUITARY TUMOR
 - i. MRI with and without contrast within 6 months. Imaging should be of brain and sella. CT if patient cannot have MRI.
 - ii. Operative report if patient has already had surgery. If patient already operated, please send reports of pre and post-operative imaging, and pathology report.
 - iii. Please send copies of endocrine labs: prolactin, ACTH, Cortisol, TSH, T4RU, LH, FSH, Testosterone or Estrogen and Progesterone, Somatomedin C. If any endocrine labs abnormal, please also refer to Endocrinology.
 - iv. Please also refer to Ophthalmology for formal visual fields, if not already done, to be completed prior to Neurosurgery clinic visit.

CEREBELLOPONTINE ANGLE MASS

- i. MRI with and without contrast within 6 months. Imaging should be of brain and sella. CT if patient cannot have MRI.
 - ii. Operative report if patient has already had surgery. If patient already operated, please send reports of pre and post-operative imaging, and pathology report.
 - iii. Audiogram, or refer to Audiology for audiogram to be done prior to Neurosurgery clinic visit. Also refer to ENT if hearing deficit.
- D. HYDROCEPHALUS
- i. CT or MRI within 1 year if no recent change in symptoms. If recent worsening, please call for urgent consult or send to Emergency Room.
 - ii. Please do imaging with contrast if tumor or infection is underlying pathology or if there is history of shunt infection.
 - iii. For suspected NPH, please also refer to Neurology for evaluation of patient's symptoms. This is especially true for patients with dementia.
- E. CHIARI MALFORMATION
- i. MRI of brain and cervical spine.
- F. OTHER BRAIN PATHOLOGY, NOT SPECIFIED ABOVE
- i. CT or MRI within 1 year if no recent change in symptoms.
- G. CRANIAL DEFECT
- i. Records of prior surgery
 - ii. CT head
- H. DEGENERATIVE SPINE DISEASE
- i. Cervical
 1. MRI or CT if MRI not possible, within 1 year.
 - ii. Lumbar
 2. MRI or CT if MRI not possible, within 1 year.
 3. Please refer for physical therapy for Mackenzie exercises, core strengthening and ROM.
 - iii. Cauda equina suspected (bowel or bladder incontinence)
 1. Please send to ER at a hospital with Neurosurgery services.
- I. TETHERED SPINAL CORD
- i. MRI of lumbar spine.
- J. SYRINX
- i. MRI of involved region with and without contrast.
- K. SPINE TRAUMA
- i. Clinical reports and imaging at diagnosis, to include plain films and CT. MRI if neurologic deficit.
 - ii. Plain films if follow-up.
- L. PERIPHERAL NERVE, E.G. CARPAL TUNNEL, ULNAR NERVE, BRACHIAL PLEXUS
- i. EMG/NCV of affected extremity.
- M. SEIZURES, FOR VAGAL NERVE STIMULATOR OR LESIONECTOMY
- i. Neurology clinic notes recommending vagal nerve stimulator
 - ii. MRI of brain with and without contrast within one year

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