



OSF HEALTHCARE
Illinois Neurological Institute

NEUROLOGY CLINIC REFERRAL REQUEST

Neurology Referral Center Phone 877-464-6670 | Fax 877-464-6806

Please confirm that neuroimaging has been sent to OSF PACS and that prior neurology notes, EMGs, EEGs, and other relevant reports are forwarded for review to ensure timely triage. Acute focal deficits and other neurological emergencies should be directed to the ED. If it is felt that a patient should be seen within one week, the referring provider may call 309-624-4000 to initiate the OSF physician review process. ***If patient insurance requires prior authorization, the referring provider must obtain this prior to OSF neurology scheduling.***

Patient Name: _____ **DOB:** _____ **Phone:** _____ **Gender:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Insurance: _____ **Insur. ID:** _____ **Group#:** _____

Referring Provider: _____ **Phone:** _____ **Fax:** _____

Location (select one):

INI Bloomington INI Evergreen Park INI Galesburg INI Peoria Penn INI Rockford

Reason for Referral (failure to specify will delay triage):

- | | | |
|--|---|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Ataxia or gait dysfunction | <input type="checkbox"/> Neuroimmunology (incl. MS) |
| <input type="checkbox"/> Paresthesia or neuropathy | <input type="checkbox"/> Cognitive changes | <input type="checkbox"/> Verbal dysfunction |
| <input type="checkbox"/> Weakness (incl. ALS, MG) | <input type="checkbox"/> Dizziness or (pre)syncope | <input type="checkbox"/> Abnormal imaging |
| <input type="checkbox"/> Seizure or epilepsy | <input type="checkbox"/> Vision changes | <input type="checkbox"/> EMG & NCS |
| <input type="checkbox"/> Tremor or movement disorder | <input type="checkbox"/> Stroke or TIA | <input type="checkbox"/> Other _____ |

Clinical features (select one per line):

1. Acute onset with associated focal deficit, ascending weakness, or incontinence: Yes No
(If yes, please consider ED evaluation rather than outpatient neurology referral)
2. New headache in pt >50 yrs old, with malignancy, HIV, etc. or triggered by valsalva, cough: Yes No
(If yes, please consider MRI brain and/or head angiogram in addition to or instead of this referral)
3. Associated diplopia, dysphagia, dyspnea, motor neuron signs, or concern for ALS: Yes No
(If yes, consider PFTs and/or speech therapy in addition to this referral)
4. Is patient pregnant: Yes No
(OSF neurologists will generally not prescribe medications for headache during pregnancy.)
5. Temporal nature: Variable Episodic Persistent Progressive
6. Location: Distal Generalized Proximal Multifocal Left Right Holocephalic
7. Workup conducted for this problem: _____
8. Current or prior medications and treatments for this issue: _____
9. Related to a concussion or TBI: Or Workers Compensation: Or neither:
10. Second opinion request: Or transition from prior neurologist: Or neither:

Concussion/TBI and workers comp cases will generally be referred out for non-OSF subspecialty input. Please consider vestibular rehab, ENT (esp. neurotology), and/or audiology for peripheral dizziness or vertigo, cardiovascular investigations (e.g. TTE, tilt table) for lightheadedness or syncope, neurosurgery for structural brain pathology (e.g. tumors, cysts, Chiari, hydrocephalus), sleep medicine for RLS and other sleep disorders, Chicago subspecialist referral for autonomic issues (e.g. POTS), and speech therapy for primary speech or swallowing concerns.