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.