



11.11 NEUROLOGY REFERRAL GUIDELINES

Contracted Group: Southwest Medical

For Appointments:

4475 S. Eastern Ave.
Las Vegas, NV 89119
Phone: (702) 669-5944
Fax: (702) 727-0327
Referral Fax: (702) 796-2325

For prompt processing of both consultation and neurological testing requests, please provide the following:

- Reason for referral
- Tentative diagnosis
- Specific service requested
- Legible problem related history & physical. (Please add any other patient records containing relevant patient information pertaining to current neurological problems.)

For patients previously treated by another neurologist, records of such treatment should accompany the new referral.

All requests for consultations relating to patients with chronic headaches need to contain the following information:

- Information concerning the headache (how often, how long it lasts, lateralization, how many years it has been occurring, etc.)
- History of previous investigation and treatment
- Family history of headache
- Social history including: Sleep patterns, work, family, and social stress
- History of behavioral illness, if any

PLEASE NOTE:

One of the following acuity statuses must be documented in the note section of the referral:

- Expedited (3 days) – *requires a doctor-to-doctor phone call to the clinic.*
 - At Risk (14 days)
 - Routine (30 days)
- (Also, indicate the reason for the acuity if other than Routine)

During normal business hours Monday-Friday, 8:00 am – 5:00 pm, please call (702) 650-2443 and request to speak to a Neurologist regarding an expedited referral. These referrals are handled differently from other referrals.

Please call the Neurology Department with any questions you may have at (702) 699-5944