


Referral Request Form

(Items with ** are required for processing)

Fax To: 650-320-9443 or Submit online using 

Radiology Referrals / Orders: Use Form: <https://stanfordhealthcare.org/imaging>

Patient Information

Reason for Referral

If Medical Records Cover Sheet is included, Patient information can be left blank	Priority: Routine <input type="checkbox"/> Medically Urgent <input type="checkbox"/>
Name <i>(First, Middle, Last)</i> ** Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	If Medically Urgent, please describe:
Date of Birth**	Diagnosis/ICD 10**
Phone # ** Secondary Contact #	Clinic / Specialty Requested**
Address**	Physician Requested Location Requested
City** Zip Code** State	If Requested Physician is Unavailable, Can Patient be seen by another provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact Referring Provider
Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Preferred Language:	<input type="checkbox"/> Consultation <input type="checkbox"/> 2 nd Opinion <input type="checkbox"/> Procedure <input type="checkbox"/> Other

Referring Provider Information

Referring Provider Name**		PCP Name	
Practice Name**			
Office Address**			City**
State**	ZIP Code**		NPI Number
Phone**	Fax**	Provider Specialty	

Documentation Requested

- Relevant Clinical Notes (History & Physical, Imaging and Lab results)
 Copy of Insurance Card Insurance Authorization Information (If required)



Physician Referral and Information
at Stanford Medicine

Send and manage
referrals online



prism.stanfordhealthcare.org

Dear referring physician,

Thank you for choosing the Stanford Autonomic Disorders Program. Our clinic team aspires to provide the best consultation service and meet your expectations. Please fill out the referral forms below for your patient. Once we have received the forms as well as all relevant records, we will review your consult request and contact your patient to schedule an appointment. **Lack of key information or delay in providing relevant medical records may result in denial of consultation.** We will keep consult requests open for 14 days after asking for missing documents or additional information.

You can order autonomic function tests by using an order form so that your patient can get the test done before or on the day of autonomic consultation. Our autonomic neurologists will not order tests BEFORE they see your patient. Although it is true that autonomic function testing is extremely important in evaluating patients with autonomic problems, our physicians cannot make decisions on the tests beforehand. Please note that some health insurance policies preauthorize autonomic function testing only after an autonomic or neurological consult.

If you request an autonomic function test only (no consult), you do not need to fill out autonomic consult request form.

Please contact us if you have any questions or concerns about our referral process.

Thank you,

Stanford Autonomic Disorder Program

Department of Neurology and Neurological Sciences

213 Quarry Road, Palo Alto, CA 94304

Phone) 650-723-6469 Fax) 650-320-9443 (referral center)

Conditions we treat/manage	Conditions we do <i>NOT</i> treat/manage
<p> Syncope Orthostatic dizziness / orthostatic intolerance Neurogenic orthostatic hypotension Neurogenic supine hypertension Small-fiber neuropathies Autonomic neuropathies Sweating disorders besides idiopathic focal hyperhidrosis Paraneoplastic autonomic syndromes Pure autonomic failure Multiple system atrophy Autonomic failure in Parkinson disease or Lewy body dementia Autoimmune autonomic ganglionopathy Baroreflex failure Amyloidosis with autonomic neuropathy POTS (postural orthostatic tachycardia syndrome) Horner syndrome </p>	<p> NON-postural dizziness Tachycardia/palpitations, non-postural CFS (Chronic fatigue syndrome), CFIDS, SEID, CFS/ME Fatigue, unspecified Brain fog / difficulty concentrating or focus / Memory problems (Non-specific) “Autoimmune conditions” Arrhythmia Mast cell diseases including mast cell activation syndrome (MCAS) CRPS (Complex regional pain syndrome), Reflex sympathetic dystrophy For diagnosis of EDS (Ehlers Danlos Syndrome) (Isolated) Gastrointestinal conditions/symptoms (Isolated) Genitourinary/Bladder symptoms Headache Idiopathic focal hyperhidrosis (hands/feet/armpits) Lyme disease Pain control PANDAS (Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal infection) Post-concussion syndrome Resting hypotension Secondary hypertension other than supine hypertension and baroreflex failure Seizure (or to rule out seizure) (Isolated) Sleep problems </p>
<p>The list above is for reference only and is not exclusive. Each referral request will be reviewed carefully on a case-by-case basis.</p>	

These documents are required

- Referral request form (use a form below)
- Autonomic clinic form (use a form below)
- Autonomic function test order form (use a form below)
- Relevant Neurology / Cardiology notes (**Our clinic functions on a consultation basis. We may have to recommend establishing care with a general neurologist or cardiologist before seeing your patient.** Requests to review medical records through Epic Care Everywhere will NOT be accepted.)
- Reports of relevant neurological tests: EMG/NCS, EEG, skin biopsy, etc.
- Reports of relevant cardiac tests: electrocardiography, Holter monitor, ZioPatch, echocardiogram, treadmill test, etc.
- Reports (and CD if possible) of relevant neuroradiological tests
- Results of blood/urine tests: CBC, CMP, Ca/Mg, 24-hour urine sodium level, endocrine tests, rheumatology tests, supine/standing catecholamines, etc.
- Results of tilt-table test or autonomic function test if they have been done already
- Copy of insurance card
- Insurance Authorization information (if required)

Autonomic Consult Request Form

Indication for Autonomic Consultation (You can check multiple items)

Onset	Main Problems	Underlying/Combined Conditions
<input type="checkbox"/> Acute (within a month) <input type="checkbox"/> Subacute (months) <input type="checkbox"/> Chronic (years) <input type="checkbox"/> Recurrent /Episodic <input type="checkbox"/> Acute on Chronic	<input type="checkbox"/> Syncope / Near-syncope <input type="checkbox"/> Orthostatic hypotension <input type="checkbox"/> Postural tachycardia <input type="checkbox"/> Other (please specify) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Diabetes/pre-diabetes <input type="checkbox"/> Parkinson's ds/ Parkinsonism <input type="checkbox"/> Peripheral neuropathy <input type="checkbox"/> Supine hypertension <input type="checkbox"/> Generalized Hypermobility joints <input type="checkbox"/> Other (please specify) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Orthostatic vital signs

check here if the patient has already had a tilt-table test at Stanford (no orthostatic vital signs are needed)

	Supine (at least 5 minutes)	Standing (3 minutes)	Standing (___ min : optional)
Blood pressure (mmHg)	_____ / _____	_____ / _____	_____ / _____
Heart rate (bpm)	_____	_____	_____

Autonomic Function Test Order Form

Patient Name: _____

Date of Birth: _____

#1. Please choose one of two options below

___ Autonomic function test - full battery (CPT code: 95921, 95923, 95924, 93660)

(deep breathing, Valsalva maneuver, tilt-table test for 10-20 minutes, quantitative sweat test)

___ You will let our autonomic neurologists decide at the clinic (No same day testing)

#2. Some medical insurance policies do NOT cover quantitative sweat test and other sweat/sudomotor tests (CPT code:95923).

With limited insurance coverage, **would you allow us to change your order from full battery to one without a sweat test (cardiovascular test)?**

___ **YES** (deep breathing, Valsalva maneuver, tilt-table test for 10-20 minutes) ___ **NO** (We cannot schedule a test before autonomic consult)

#3. Please choose diagnosis code(s) for the test

___ **R55:** (circle one) syncope and collapse / postural dizziness with pre-syncope / near-fainting ___ **Other:** ICD 10-code and diagnosis _____ / _____

R55 is listed as a covered diagnosis code on almost all insurance policies You can list multiple diagnosis codes

#4. Our nurse will contact your patient before the test. Your patient might have to reduce or hold off some drugs that can affect test results for a few days. Please let us know if you have any concerns:

Name of Ordering Physician: _____

NPI: _____

Signature of the physician: _____