


## 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

<b>If Medical Records Cover Sheet is included, Patient information can be left blank</b>	Priority: Routine <input type="checkbox"/> <b>Medically Urgent</b> <input type="checkbox"/>
Name <i>(First, Middle, Last)</i> **      Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>If Medically Urgent, please describe:</b>  
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 <sup>nd</sup> 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 pre-authorize 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><b>NOT</b></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> <b>NON-postural</b> dizziness                      Tachycardia/palpitations, <b>non-postural</b> 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 (<b>MCAS</b>)                      CRPS (Complex regional pain syndrome), Reflex sympathetic dystrophy  <b>For diagnosis</b> of EDS (Ehlers Danlos Syndrome)  <b>(Isolated)</b> Gastrointestinal conditions/symptoms  <b>(Isolated)</b> Genitourinary/Bladder symptoms                      Headache                      Idiopathic focal hyperhidrosis (hands/feet/armpits)                      Lyme disease  <b>Pain control</b>                      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**

- Autonomic consult request form (use a form below)
- **Autonomic function test order form (use a form below) and insurance pre-authorization for testing if needed.**
- 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.)
- **Results of tilt-table test or autonomic function test** if they have been done already
- Reports and/or CDs of relevant neurological, cardiac, radiological tests: EMG/NCS, EEG, skin biopsy, etc.
- Copy of insurance card
- Insurance Authorization information (if required)

**Autonomic Consult Request Form**

**Indication for Autonomic Consultation (You can check multiple items)**

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

**Orthostatic vital signs**

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

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

**Autonomic Function Test Order Form**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**#1. Please choose one of three options below**

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

**[If you choose the above, please DO NOT fill out the rest]**

\_\_\_ Autonomic function test on the same day or before the consult

\_\_\_ Autonomic function test only (consult is NOT needed)

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

**#2. Please send insurance pre-authorization for the test as well**

Pre-authorizations for CPT codes of 95921, 95923, 95924 and 93660 are required. At minimum, both 95923 and 95924 are required.

MEDICARE does not require pre-authorization.

A few insurances DO NOT approve 95923 and/or 95924. In such cases, we can do limited tests with 95924 only or 93660 only.

Most insurance policies include R55 as covering diagnosis code. R55 includes syncope and collapse, pre-syncope, near-fainting, blackouts, etc.

#3. 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:** \_\_\_\_\_

**Signature of the physician:** \_\_\_\_\_