

UVM Neurosurgery Spine Referral Form

Does the patient have an emergent condition?

- Rapidly progressive weakness Loss of the ability to walk New onset urinary or bowel incontinence

Check if applicable and STOP HERE. Please send patient to UVM ED for emergent evaluation by neurosurgery resident.

For all other patients:

What is the patient's **primary problem** (check ONE) and/or **secondary problems** (check all applicable)?

Please initiate treatment as detailed below, so that patient is treated expeditiously.

Primary	Secondary	Condition	Pre-consultation treatment
<input type="checkbox"/>	<input type="checkbox"/>	Myelopathy	
<input type="checkbox"/>	<input type="checkbox"/>	Radiculopathy	Start gabapentin or pregabalin , refer for ESI , refer for PT
<input type="checkbox"/>	<input type="checkbox"/>	Neck pain	Start NSAID/non-narcotic analgesics , refer PT for strengthening
<input type="checkbox"/>	<input type="checkbox"/>	Back pain	Start NSAID/non-narcotic analgesics , refer PT for strengthening
<input type="checkbox"/>	<input type="checkbox"/>	Hx of fusion surgery w/ pain	Start NSAID/non-narcotic analgesics , refer PT for strengthening
<input type="checkbox"/>	<input type="checkbox"/>	Spine tumor, vascular lesion, or other pathology not listed: _____	

Does patient have an urgent condition:

- Progressive weakness New urinary urgency Threatened loss of ambulation
- Other _____

Guidelines for pre-clinic imaging:

- All patients should have standing AP/lateral/flex-ex films.
- All patients with radicular symptoms or myelopathy should have an MRI, or if MRI is not possible, a CT myelogram.
- All patients with prior fusion surgery should have a CT scan to assess fusion mass.

Please fax relevant records to 802-847-3807 with this form attached as a cover sheet.

Please send relevant imaging to the UVM Medical Center, electronically if possible, or mail CD to:

Neurosurgery
 East Pavilion Level 5
 111 Colchester AVE
 Burlington VT 05401

