

Patient Name: _____ DOB: _____ Referring Provider: _____ Phone: _____

Is the referral for the primary purpose of Diagnosis and Management of Autism spectrum disorders, Primary learning disorder, Speech delay, ADHD, or other primary Behavioral disorders?

- NO - proceed to the next steps below.**
- YES - STOP; Referrals for the PRIMARY purpose of diagnosis and management of autism spectrum disorders, primary learning disorder, speech delay, ADHD, or other primary behavioral disorders are NOT ACCEPTED at this time.**

Additional resources:

- The Thompson Autism Center, CHOC 714.288.7651
- The Center for Autism & Neurodevelopmental Disorders, UCI 949.267.0400
- Regional Center of Orange County, 714.796-5100

Type of Referral

- Urgent****
- Second Opinion**
- Hospital/ED Follow-up**
- Routine**
- Transfer of Care**

Please include all prior diagnostic studies and pertinent medical records with EVERY referral that is currently not in our EMR system, by scanning, faxing them to (855) 246-2329, or uploading them to the CHOC Portal.

****URGENT: Patients with ACUTE neurologic symptoms including but not limited to acute mental status, focal neurologic deficits, concern for infantile spasms, ataxia, acute changes in vision, signs of increased intracranial pressure, recurrent early morning vomiting or thunderclap headache should be referred to the Emergency Room for diagnostic evaluation.**

Please have a clinical call: 714.509.4013 and provide the reason for the urgent visit with clinical details, as urgent slots may not be available

Reason for Referral

- Concussion/Traumatic Brain Injury
- Down Syndrome
- Microcephaly/Macrocephaly
- Neurocutaneous Disorder
 - Neurofibromatosis
 - Tuberous Sclerosis Complex
- Neuro-Oncology
- Neurovascular and Stroke

Please submit the form; no further actions are necessary.

- Developmental Delay
- Headaches
- Movement Disorders
- Neuroimmunology
- Neuromuscular
- Neonatal Neurology
- Epilepsy/Seizure
- Sleep Disorders
- Syncope / Dizziness

Please move to the corresponding specialty box below as additional information is required.

Comments

DEVELOPMENTAL DELAY

Developmental Delay

- Global
- Speech/Language
- Fine Motor
- Personal/Social
- Gross Motor/Toe Walking / Delayed Ambulation
- Prior Eval Completed (School)
- Cognitive impairment - *Requires Psychology or IEP Testing Prior to Scheduling.*

EPILEPSY/SEIZURE

Epilepsy/Seizure

- New Onset Seizure (Excluding Simple Febrile Seizures)
- Alteration of Consciousness (Syncope vs. Seizure) - *Syncope requires EKG prior to scheduling.*
- Intractable Epilepsy - *Experiences seizures with 2 or more anticonvulsants; epilepsy surgery evaluation; ketogenic diet; vagus nerve stimulator.*
- Established Diagnosis of Epilepsy

HEADACHES**Headaches**

- Acute Chronic (*Duration > 6 months*)
- For Patients with Associated mental Health Co-morbidity, please consider a referral to Psychology.
 - Please refer to Outpatient Headache Guidelines at [OutpatientHeadachGuideline.pdf](#)

Prior Neuroimaging Studies

- None MRI CT Other:

MOVEMENT DISORDERS**Movement Disorders**

- Dystonia Cerebral Palsy Ataxia
 Other Complex Movement Disorder Tics/Tremors/Tourette Syndrome
 Spasticity Management (Botulinum Toxin, Baclofen Pump)

NEONATAL NEUROLOGY**Neonatal Neurology**

- Hypoxic Ischemic Encephalopathy Abnormal Infantile Movement/Event
 Development Delay/High-Risk Infant
 Abnormal Cerebral Imaging - *Must include neuroimaging prior to scheduling.*
 - Referrals for Hydrocephalus or Intracranial Hemorrhage REQUIRE Neurosurgery Referral.

NEUROIMMUNOLOGY**Neuroimmunology**

- Demyelinating Disease Autoimmune Encephalitis
**PANS/PANDAS - Must be triaged and not all patients will be approved for scheduling. Cunningham Panel and established Psychology/Psychiatry care are REQUIRED in order to be considered.*

NEUROMUSCULAR**Neuromuscular**

- Numbness/Tingling Hypotonia/Weakness
 Muscle Fatigue Eye Movement Problem/Ptosis

SLEEP DISORDERS**Sleep Disorders**

Please select from the following Sleep-related conditions affecting the patient without co-occurring mental health disorders or developmental concerns:

Does the patient have autism or other neurobehavioral disorder?

- If **Yes**: and patient is **within** PCN Network, STOP and place a referral to TAC.
- If **Yes**: and patient is **outside** PCN Network, patient will be seen for one-time sleep evaluation only.

- Abnormal Movements of Sleep Bruxism Nocturnal Seizures Sleep Apnea
 Nocturnal Sleep Disorders Narcolepsy or Hypersomnolence Disorders

**Insomnia - Currently we do not offer consults for primary insomnia referrals*

- Please refer to Infant insomnia guidelines at [Behavioral Interventions for Infant Sleep Problems: A Randomized Controlled Trial | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

***All Sleep referrals are triaged by Sleep Specialist**