



**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***