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 UVMMC 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.*

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Condition</th>
<th>Pre-consultation treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Myelopathy</td>
<td>Start <strong>gabapentin or pregabalin</strong>, refer for <strong>ESI</strong>, refer for <strong>PT</strong></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Radiculopathy</td>
<td>Start <strong>NSAID/non-narcotic analgesics</strong>, refer <strong>PT for strengthening</strong></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Neck pain</td>
<td>Start <strong>NSAID/non-narcotic analgesics</strong>, refer <strong>PT for strengthening</strong></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Back pain</td>
<td>Start <strong>NSAID/non-narcotic analgesics</strong>, refer <strong>PT for strengthening</strong></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Hx of fusion surgery w/ pain</td>
<td>Start <strong>NSAID/non-narcotic analgesics</strong>, refer <strong>PT for strengthening</strong></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Spine tumor, vascular lesion, or other pathology not listed: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

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

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