| Service | Form name | Information Provider needs to fill in | Documentation/Labs/PreWork/Etc (* if optional) |
|---|---|---|---|
| Neurosurgery | E-Consult/Referral: Neurosurgery | Area of Concern: Head; Upper Spine; Lower Spine; Other (fill in box)<br>Do you have MRI capabilities?<br>Interventions completed: Physical therapy? Exercise? Massage? Surgery? Other? Duration and outcome of<br>Meds/Duration/Dose/Pain level with Meds/Pain level without meds<br>H & P | Any pertinent studies / images including x-ray, MRI, CT, etc., (include where done and date) |
| Ophthalmology | Request for Evaluation and Treatment | Seen by ANMC Ophthalmology in the past? If yes, which provider?<br>Please indicate affected area: Right, Left, or Bilateral?<br>Description of problem and relevant history (include duration, date of last eye exam, current visual acuity, | Images*<br>Labs*<br>Patient history/notes*<br>Medication List* |
| Orthopedics | Request for Evaluation and Consultation | Refer back pain cases to Neurology<br>Reason for request for evaluation and consultation<br>Injury is: New? Request for f/up to existing condition? Congenital/Genetic? Chronic? Acute?<br>Location of Injury: Right, left, bilateral, NA<br>Specific info regarding injury or complaint, method of injury, symptoms & diagnosis: | Current Patient History/Past Relevant history<br>Medication List<br>Imaging Reports<br>Images sent via Teleradiology<br>Images mailed to the Surgery Clinic<br>Images sent with patient (when emergent case arriving immediately at ANMC) |
| Pediatrics | Pediatric Field Health/Specialty Care Coordination | Sub-Specialty requested: Endocrinology; Nephrology; Neurology; Pulmonary; Rheumatology; Speech-<br>Procedures or services needed (provider orders)<br>Other special instructions, please include specific questions or information, patient history with pertinent | |
| Podiatry | Podiatry Consult Request | Brief History<br>Diabetic Patient? | Images*<br>Other as needed* |