



Associated with the UCLA School of Medicine
 A Division of the Ventura County Health Care Agency

Ambulatory Care Administration

PHYSIATRY REFERRALS

Basic Requirements:

1. Complete referral form
2. Doctors Progress Notes/Medical Records
3. Medication List
4. Test results
5. X-Ray of specific joint or body region within 6 months of appt date
6. Reports of prior X-Rays, EMG and/or MRI
7. Outside images to be sent to VCMC Radiology Department Attn: PACS Administrator for downloading to PACS system.
8. Surgical reports
9. Injection reports (ie arthrocentesis, epidurals)
10. Children ages 12-17 may need prior approval from Dr Watson
11. ***Referral for opiad management will not be accepted***
12. At any time the PCP may call and consult with the Specialist to amend or waive the work-up

Appropriate Referrals

Referrals for Rehabilitation related to:	
MUSCULOSKELETAL	NEUROLOGICAL
Sports Related Injury	Stroke
Joint Pains	Acquired Brain Injury
Radiculopathy	Multiple Sclerosis
Ulnar Neuropathy	Brain Metastasis
Peripheral Nerve Injury	Gait Abnormalities
Chronic Low Back Pain (non-opioid management)	Spinal Cord Injury
Chronic Neck Pain (non-opioid management)	Spasticity Management (Oral or Botox)
Amputations	Wheelchair Management

Referrals for Ultrasound-Guided Musculoskeletal Injections: Diagnostic and/or Therapeutic (Can be performed safely in patients on anti-coagulation with INR < 2.5 checked 2 days prior).
Indicated for patients who have failed non-guided injections, body habitus prevents palpation of accurate landmarks, and to verify accurate diagnosis
COMMON LOCATIONS
Acromioclavicular Joint
Glenohumeral Joint
Spinoglenoid Notch Cysts
Subacromial Bursa
Long Head of Biceps Tendon Sheath
Elbow Joint
Lateral Epicondyle
First Dorsal Compartment of the Wrist
First Carpometacarpal Joint
Carpal Tunnel (Ulnar Bursa)
Flexor Tendon Sheath
Sacroiliac Joint
Hip Joint
Iliopsoas Bursa
Knee Joint
Ankle Joint
Popliteal Cyst
Plantar Fascia
First Metatarsophalangeal Joint
Please contact physician for any specific joints/tendons etc. not listed.

Electrodiagnostics (Nerve Conduction Studies & EMGs) in Patients Suspected to Have:
Carpal Tunnel Syndrome
Ulnar Neuropathy
Radial Neuropathy
Cervical Radiculopathy
Lumbar Radiculopathy
Peroneal (Fibular) Neuropathy
Myopathy
Peripheral Neuropathy



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PHYSIATRY (MUSCULOSKELETAL CLINIC) REFERRALS

Basic Requirements:

1. Complete referral form with consult question to answer
2. Doctors Progress Notes (Legible)/Medical Records
3. Medication List
4. Test results
5. X-Ray of specific body region within 6 months of appointment date
6. Reports of prior X-Rays, EMG and/or MRI
7. Outside images to be sent to VCMC Radiology Department Attn: Mike Malloy (PACS Administrator) for downloading to PACS system.
8. Surgical reports
9. Injection reports, even from outside practitioners
10. **At any time the PCP may call and consult with the Specialist to amend or waive the work-up**

Appropriate Referrals

Referrals for Musculoskeletal Clinic related to:

Upper Limb Joint Pains (Shoulder, Elbow, Wrist, Fingers)

Lower Limb Joint Pains (Hip, Knee, Ankle, Foot)

Muscle Strain

Tendinopathies

Bursopathies

Excluded:

Chronic Pain Syndromes

Fibromyalgia



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PHYSIATRY (SPINE CLINIC) REFERRALS

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2. Doctors Progress Notes (Legible)/Medical Records
3. Medication List
4. Test results
5. X-Ray of specific body region within 6 months of appointment date
6. Reports of prior X-Rays, EMG and/or MRI
7. Outside images to be sent to VCMC Radiology Department Attn: Mike Malloy (PACS Administrator) for downloading to PACS system.
8. Surgical reports
9. Injection reports, even from outside practitioners
10. **At any time the PCP may call and consult with the Specialist to amend or waive the work-up**

Appropriate Referrals

Referrals for Spine Clinic related to:

Cervical Neck Pain
Cervical Radiculopathy
Cervical Spinal Stenosis
Thoracic Back Pain
Lumbar Back Pain
Lumbosacral Radiculopathy
Lumbar Spinal Stenosis
Sacroiliac Joint Dysfunction



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PHYSIATRY (TBI CLINIC) REFERRALS

Basic Requirements:

1. Complete referral form
2. Discharge Summary from Acute Hospitalization
3. Discharge Summary from Acute Rehabilitation Facility
4. Doctors Progress Notes/Medical Records
5. Medication List
6. Test results
7. Reports of prior X-Rays, EMG and/or MRI
8. Outside images to be sent to VCMC Radiology Department Attn: Mike Malloy (PACS Administrator) for downloading to PACS system.
9. Surgical reports (Neurosurgical report especially)
10. Injection reports
11. **At any time the PCP may call and consult with the Specialist to amend or waive the work-up**

Appropriate Referrals

**Referrals for TBI Clinic related to:
Brain Injury Related to Trauma**

**Excluded is Brain Injury Related to:
Tumor, Stroke, Anoxic Brain Injury, Encephalopathy, Cerebral
Palsy, Multiple Sclerosis, Alzheimer, Parkinson, or other dementia**



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