

Neurology

FirstHealth Neurology offers innovative and comprehensive neurology care. Our team has experience in treating numerous neurological conditions and sleep disorders. From migraine to back pain to tremors and sleep issues, we will diagnose and treat conditions at every stage.

Treatment is available for:

- Headaches and Migraines
- Sleep Disorders and Insomnia
- Epilepsy and Seizure Disorders
- Neuromuscular Disorders
- Dizziness and Balance Issues

Locations:

Pinehurst

(910) 375-7344

295 Olmsted Boulevard, Mellon Building, Suite 12
Pinehurst, NC 28374

(910) 295-6868

10 Page Drive
Pinehurst, NC 28374

Sanford

(919) 267-3125

101 Dennis Drive, Sanford, NC 27330

Pittsboro

(910) 726-4710

40 Ramseur Road, Suite 102, Pittsboro, NC 27312

Fayetteville

(910) 565-5155

3716 Morganton Road, Fayetteville, NC 28303



Giridhar Chintalapudi, M.D.,
FAASM



Mark Mandelbaum, M.D.



Misty Sinclair, M.D.



Robert Snyder, M.D.



Henry Tellez, M.D.



Katie Baeza, NP-C



Grant Bischof, PA-C



Amy Gonzales, PA-C



Autumn Grimm, FNP



Joyia Montanez, N.P.

Neurology Referral
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Place Patient Label
Inside This Box

Fax Number:

- FirstHealth Neurology – Page (910) 295-1514
- FirstHealth Neurology – Sandhills (910) 235-0546

Please include the following:

- Patient demographics sheet
- Patient insurance information
- Most recent office note and/or medical history

CONSULTATION REFERRAL

Neurology

Evaluation, treatment and management of care

- Giridhar Chintalapudi, M.D. FAASM
- Mark Mandelbaum, M.D.
- Misty Sinclair, M.D.
- Robert Snyder, M.D.
- Henry Tellez, M.D.

Diagnostic Testing ONLY

- Nerve Conduction/EMG EEG

Reason for Referral

- Carpal Tunnel
- Dizziness/Vertigo
- Headaches
- Numbness/Pain
- Other: _____
- Memory Loss
- Seizures/Syncope
- TIA/Stroke

SLEEP MEDICINE REFERRAL

Sleep Consultation

Evaluation, treatment and management of care

Split-Night Sleep Study w/Post-Sleep Consultation*

Must fill out bottom section of this form

Review of sleep study results, treatment and management of care

Diagnostic Testing ONLY* - Must fill out bottom section of this form

- Diagnostic Sleep Study
- Maintenance of Wakefulness
- Multiple Sleep Latency Test
- Split-Night Sleep Study
- Titration Sleep Study
- Test Home Sleep Study

Reason for Referral

- Daytime Fatigue
- Excessive Daytime Sleepiness
- Insomnia
- Narcolepsy
- Nightmares
- Restless Legs
- Snoring
- Witnessed Apnea
- Other: _____

Patient Information

Patient Name: _____
(Last) (First) (Middle Initial)

Date of Birth: _____
(MM-DD-YYYY)

Phone: _____

Cell: _____

Referring Physician Information

Practice Name: _____

Address: _____

Phone: _____ Fax: _____

Physician's Name: _____

Signature: _____
Physician's (Signature / Credentials) (Date) / (Time)

***Please complete the following if you are referring a patient for a SLEEP STUDY without seeing our sleep physician first.**

Some insurance companies now require prior authorization for an overnight attended sleep study. As a courtesy, Sandhills Neurologists, PA, can obtain this authorization for you, but will require the following information.

(If you prefer, you can refer your patient to see our sleep physician prior to any sleep study performed. Our physician will obtain all the necessary information needed for insurance prior to authorizations and you will not need to fill out this form).

Please check all that apply:

- Disruptive Snoring
- Epworth Sleepiness Scale > 10 (Please indicate score ____.)
- Failed Lifestyle Modifications for Symptom Relief. Examples include:
 - o Good Sleep Hygiene
 - o Reduction of Alcohol Consumption, Especially Before Bedtime
 - o Engagement in Safety-Critical Occupation
 - o Witnessed Apneas, Choking or Gasping During Sleep
 - o Sleeping in Lateral Body Position
 - o Weight Loss

A more in-depth sleep study may be necessary if one or more of the following exists. Please check all that apply:

- Chronic Pulmonary Disease
- Body Mass Index (BMI) >= 40
- Results of previous Home Sleep Test (HST) were indeterminate or technically inadequate.
- Patient lacks mobility, dexterity or is cognitively impaired; therefore cannot use the HST equipment safely at home.
- One (1) or more of the following complex sleep disorders. Check all that apply:
 - ____ Periodic Limb Movement Disorder (PLMD)
 - ____ Narcolepsy
 - ____ History of Central Sleep Apnea
 - ____ Parasomnia w/Disruptive Sleep Behavior Suspicious of REM Behavior Disorder (RBD)
- Due to the following reasons: _____