

Neurology

Sandhills Neurologists – A FirstHealth Clinic 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
- Epilepsy and Seizure Disorders
- Dizziness and Balance Issues
- Sleep Disorders and Insomnia
- Neuromuscular Disorders

Locations:

Pinehurst

(910) 375-7344

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

Sanford

(919) 267-3125

101 Dennis Drive, Sanford, NC 27330

Cary

(919) 289-4432

251 Keisler Drive, Suite 100, Cary, NC 27518



Giridhar Chintalapudi, M.D.,
FAASM



Henry Tellez, M.D.

Neurology Referral

Fax Number: (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

- Henry Tellez, MD
- Giridhar Chintalapudi, MD FAASM

Diagnostic Testing ONLY

- Nerve Conduction/EMG
- EEG

Reason for Referral

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

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

Reason for Referral

- Excessive Daytime Sleepiness
- Witnessed Apnea
- Restless Legs
- Snoring
- Daytime Fatigue
- Narcolepsy
- Insomnia
- Nightmares
- 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:
 - Good Sleep Hygiene
 - Reduction of Alcohol Consumption, Especially Before Bedtime
 - Sleeping in Lateral Body Position
 - Weight Loss
- Engagement in Safety-Critical Occupation
- Witnessed Apneas, Choking or Gasping During Sleep

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: _____
- Neuromuscular Disease / Neurodegenerative Disorder
- Significant Cardiac Disease
- Obesity Hypoventilation Syndrome (OHS)

