THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

UNC Neurogenetics Clinic Referral Form

Please fax back referral form and **all pertinent records** to (984) 974-2285. Questions? Call (984) 974-4401 or email neurologyreferrals@unchealth.unc.edu.

Thank you for the referral. **Please complete this form in its entirety** and send with the information noted below for the patient to be considered for referral.

Pertinent records to fax along with this referral form:

- Patient genetic test results or copy of familial genetic test results (if requesting familial testing)
- Clinical note outlining the disease/suspected diagnosis
- Lab/imaging results (i.g creatine kinase, brain MRI/CT, EMG, and/or muscle biopsy)
- Patient face sheet (demographic information)
- Insurance Documentation (a copy of the front and back of patient's insurance card)

Indicate that the following records have been sent by ☐ CareLink/Care Everywhere or ☐ Fax (984) 974-2285

Patient name:		MRN:
Date of birth:	Patient phone #:	Date of referral:

Referring Provider: _____ NPI: _____
Referring Provider Phone: _____ Referring Provider Fax: _____
Referring Provider Specialty: _____
Facility NPI (required): Needed to process your referral. _____

Reason for referral or clinical question (**required for accurate and timely triage**).
Please include genetic testing being considered:

ICD-10-CM Code: _____

Is the patient currently symptomatic? ☐ Yes ☐ No ☐ Uncertain – needs evaluation by neurologist

Age(s) of symptom onset for patient and/or for affected family member(s) (required):

- Patient: _____
- Family member #1: _____ Relationship to patient: _____
- Family member #2: _____ Relationship to patient: _____

Genetic Testing Status:

- ☐ Genetic testing not yet ordered
- ☐ Genetic testing ordered – results pending
- ☐ Results received – additional services requested
- ☐ Other: _____

Service Requested:

- ☐ Neurologist Consult: MD/DO only
- ☐ Neurogenetics Diagnostic Clinic: MD + GC
- ☐ Genetic Counseling Clinic: GC
  - ☐ Symptomatic - Clear phenotype by neurologist
  - ☐ Family history of genetic condition
  - ☐ Discussion of genetic testing results

Specific Reason for *Referral* (suspected or known family history)**:**

☐ **Cognitive/Memory**
- ○ Early-onset Alzheimer Disease (<65 years)
  - *ICD-10-CM: G30.0*
- ○ Frontotemporal Dementia (FTD)
  - *ICD-10-CM: G31.0*
- ○ Lewy Body Dementia (LBD)
  - *ICD-10-CM: G31.83*
- ○ Early-onset dementia (type unknown)
  - *ICD-10-CM: F03*

☐ **Neuromuscular**
- ○ Muscular Dystrophy
  - *ICD-10-CM: G71.0*
- ○ Myotonic Dystrophy
  - *ICD-10-CM: G71.11*
- ○ Myotonia Congenita
  - *ICD-10-CM: G71.12*
- ○ Amyotrophic Lateral Sclerosis (ALS)
  - *ICD-10-CM: G12.21*
- ○ Spinal Muscular Atrophy (SMA)
  - *ICD-10-CM: G12*
- ○ Non-acquired neuropathy
  - *ICD-10-CM: G60*
- ○ Charcot-Marie-Tooth (CMT)
  - *ICD-10-CM: G60.0*
- ○ Abnormal tone (hypotonia/hypertonia)
  - *ICD-10-CM: P94*
- ○ Rhabdomyolysis
  - *ICD-10-CM: M62.82*
- ○ Muscle Weakness
  - *ICD-10-CM: M62.81*

☐ **Movement**
- ○ Huntington's Disease
  - *ICD-10-CM: G10*
- ○ Parkinson Disease (<50 years)
  - *ICD-10-CM: G20*
- ○ Hereditary ataxias
  - *ICD-10-CM: G11*
- ○ Hereditary Spastic paraplegia
  - *ICD-10-CM: G11.4*
- ○ Dystonia
  - *ICD-10-CM: G24*

☐ **Epilepsy**
- ○ Rett Syndrome
  - *ICD-10-CM: F84.2*
- ○ Other Epileptic Syndrome
  - *ICD-10-CM: G40.4*

☐ **Neurogenetics**
- ○ CADASIL
  - *ICD-10-CM: I67.850*
- ○ Wilson's Disease
  - *ICD-10-CM: E83.01*
- ○ Tuberous Sclerosis (TSC)
  - *ICD-10-CM: Q85.1*
- ○ Neurofibromatosis (NF)
  - *ICD-10-CM: Q85.00*
- ○ Hereditary Prion Disease
  - *ICD-10-CM: A81.0, A81.82, A81.83*
- ○ Hereditary Amyloidosis
  - *ICD-10-CM: E85.9*

☐ **Abnormal Imaging**
- ○ Cerebellar atrophy
  - *ICD-10-CM: G31.9*
- ○ Brain Malformation
  - *ICD-10-CM: Q04.9*
- ○ Cavernous Malformation
  - *ICD-10-CM: Q28.3Q81*
- ○ Leukoencephalopathy
  - *ICD-10-CM: A81.2*

☐ **Other neuromuscular, neurodegenerative, or neurological disease: _____**

☐ **Other known gene mutation/neurogenetic condition: _____**

☐ **Other abnormal imaging/lab result: _____**