



UNC Hospitals Center for Autonomic Failure Referral Form

Please fax back referral form and all pertinent records to (984)-974-1667. Questions? Call (984) 974-1686 ext. 1 or email neurologyreferrals@unchealth.unc.edu. Please visit our website for more information: www.med.unc.edu/neurology. Testing will be communicated to the referring physician.

Date of Request: _____ This form is a fillable PDF. Please type or clearly print your information.

PATIENT INFORMATION: Please complete the following or include demographics page.

Name _____ UNC MR# _____ DOB _____

Mailing Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Secondary Phone _____

Insurance _____ Insurance ID# _____

Authorization # (if needed) _____ Authorization Dates _____

REFERRING CARE & PROVIDER INFORMATION:

Referring Physician _____ NPI _____ UNC ID _____

Clinic Contact Person _____ Phone _____ Fax _____

Facility NPI (Required) - Needed to process your referral. _____

Please Select One of the Following Options:

Request for ONLY autonomic testing - The patient will undergo autonomic testing including heart rate response to deep breathing, Valsalva maneuver, and tilt table procedure. **No results, recommendations or diagnoses are given to the patient after testing**, this will be the responsibility of the ordering physician. Please note that certain medications, such as antihypertensive medications, diuretics, anti-adrenergic or anti-cholinergic medications, can interfere with autonomic testing results and interpretation and should be stopped 5 half lives prior to testing date. For your reference, **please see below for a list of medications that can interfere with autonomic testing results and interpretation**, and counsel your patient appropriately. For this request you also have the following options, please indicate below:

- Concurrent video EEG monitoring (for patients with recurrent syncopal events of uncertain etiology and normal cardiac workup)
- Plasma Catecholamine testing (diagnostic, can be helpful in cases of central autonomic failure that is seen in MSA, Parkinson's disease or DLB)

Request for Autonomic Failure Clinic (age 45 and older only with neurological disease)- Autonomic testing and a consultation visit to discuss the results of testing and recommendations for management of orthostatic hypotension. Only the testing and recommendations based on the testing will be discussed. No diagnosis will be given on the overall clinical picture. **We will not manage ongoing care.** For this request you also have the following option, please indicate below:

- Plasma Catecholamine testing (diagnostic, concern for central autonomic failure that is seen in MSA, Parkinson's disease or DLB)

If there is need for diagnosis and management of care, you will need to place new patient referral to neurology.

Specific Diagnosis Codes _____

Medications that must be held prior to autonomic testing

Medication	Number of days off med	Medication	Number of days off med	Medication	Number of days off med	Medication	Number of days off med
Acebutol	1	Clonidine	5	Lexapro	7	Reglan	3
Adalat	1	Cogentin	2	Loperamide	2	Reserpine	7
Adderall	3	Compazine	5	Lopressor	5	Risperidone	5
Albuterol	1	Concerta	3	Loratadine	3	Risperdal	5
Aldomet	1	Coreg	2	Lozide	4	Ritalin	1
Allegra	2	Corgard	5	Luvox	5	Ritalin LA	3
Allupent	1	Cymbalta	7	Meclizine	2	Robinul	1
Amantadine	7	Desipramine	7	Mestinon	1	Salmeterol	1
Aminophylline	1	Desyrel	7	Metaproterenol	2	Scopolamine	3
Amitriptyline	7	Detrol	2	methyldopa	1	Sectral	1
Amlodipine	4	Dicyclomine	2	Methylphenidate	3	Serevent	4
Anafranil	7	Diltiazem	2	Metoclopramide	3	Seroquel	2
Antivert	2	Dimetapp	2	Metoprolol	5	Sertraline	5
Apresoline	2	Diphenhydramine	2	Mirapex	7	Serzone	7
Artane	3	Dipivefrin	3	Nadolol	5	Strattera	7
Atenolol	5	Ditropan	2	Nefazodone	7	Sudafed	2
Atomoxetine	5	Donnatal	5	Nifedipine	3	Symmetrel	7
Atrovent	2	Doxazosin	5	Normadyne	2	Synacort	1
Aventyl	7	Doxepin	7	Norpramin	7	Tagamet	1
Axid	1	Effexor	5	Nortriptylline	7	Tenormin	5
Azatadine	3	Elavil	7	Norvasc	4	Terbutaline	1
Benadryl	2	Excedrin	1	Olanzapine	3	Theo-dur	1
Bentyl	2	Famotidine	1	Olopatadine HCL	2	Theophylline	1
Benylin	2	Flexeril	7	Odansetron	1	Thorazine	7
Benztropine	2	Flomax	3	Orphenadrine	3	Toprol	2
Betapace	4	Florinef	5	Oxybutinin	2	Toprol XL	5
Bisoprolol	3	Fludricortisone	5	Pamelor	7	Trandate	2
Bupropion	3	Fluoxetine	7	Paroxetine	7	Trazodone	7
Buspar	1	Fluvoxamine	5	Paxil	7	Trental	1
Buspirone	1	Glycopyrrolate	2	Pepcid	1	Trihexyphenidyl	1
Calan	2	Guanfacine	5	Periactin	2	Trinalin	3
Cardura	2	Hydralazine	2	Phenergen	2	Ventolin	2
Carvedilol	2	Hydroxyzine	2	Phentolamine	3	Verapamil	2
Catapres	5	Hyoscyamine	2	Pindolol	2	Visken	2
Celexa	7	Hyperstat	2	Pramipexole	7	Vistaril	2
Cetirizine	2	Hytrin	3	Prazosin	1	Wellbutrin	7
Chlorpromazine	7	Imdur	1	Proamatine	1	Zantac	3
Cimetidine	1	Imodium	5	Procardia	1	Zebeta	2
Cisapride	2	Indapamide	4	Propranolol	2	Zofran	5
Citalopram	7	Inderal	2	Propulsid	1	Zolof	7
Claritin	2	Labetalol	3	Prozac	7	Zyrtec	2
Clomipramine	7	Lavacol	2	Regitine	1		

*Please consider the safety of stopping each medication for your patient and instruct them appropriately