

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____ PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____ Work Phone _____

Mailing Address: _____

Referral to Neurology for Headache Treatment

Has patient previously seen a Neurologist for Headaches?

☐ Yes If yes, please follow previous treatment recommendations for headache management **OR** Refer Patient to Headache Specialist in your area, as DH currently does not have a Certified Headache Specialist.☐ No If no, please continue completing the form:

Has the patient been trialed and failed on ACUTE Medications for symptom relief? Please check all applicable treatments and indicate failures related to the medication:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> NSAID | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Butalbital-aspirin-caffeine | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Sumatriptan | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Rizatriptan | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Eletriptan | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Naratriptan | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Zolmitriptan | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Frovatriptan | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Acetaminophen-aspirin-caffeine | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Butalbital-acetaminophen-caffeine | Describe therapeutic failure(s) AND medication dosing: _____ |

Other: _____

Has the patient been trialed and failed on PREVENTATIVE Medications for symptom relief? Please check all applicable treatments and indicate failures related to the medication.

MUST HAVE BEEN TRIED AND FAILED ON TWO MEDICATIONS FROM FIRST AND SECOND LINE OF ORAL AGENTS:

FIRST LINE:

- | | |
|--|---|
| <input type="checkbox"/> Propranolol | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Topiramate | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Amitriptyline | Describe therapeutic failure(s) AND medication dosing: _____ |

SECOND LINE:

- | | |
|--|---|
| <input type="checkbox"/> Venlafaxine | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Nortriptyline | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Gabapentin | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Magnesium | Describe therapeutic failure(s) AND medication dosing: _____ |
| <input type="checkbox"/> Riboflavin | Describe therapeutic failure(s) AND medication dosing: _____ |

Other: _____

Additional Required Information:

- Has the patient had any imaging that pertains to this referral
 - ☐ MRI When: _____ Where: _____
 - ☐ MRA When: _____ Where: _____
 - ☐ CT When: _____ Where: _____
 - ☐ CTA When: _____ Where: _____

Please send image(s) electronically to: PACS, Ambra, PowerShare, ICA, Nucleus or eDH.

Also, please fax the imaging report(s) to 603-640-6839, this will alert our film library that you have sent the images.

If you cannot electronically transmit imaging, please mail a disk to:

Dartmouth Hitchcock Medical Center
ATTN: Film Library
1 Medical Center Drive
Lebanon, NH 03756

If you have any questions, please call 603-650-5104 and we will be happy to answer them.

Healthcare Systems within New England that you can refer to; with Certified Headache Specialist:

University of Vermont Medical Center: Burlington, Colchester, Berlin, Middlebury, Vermont

Days/Locations vary on when a provider is scheduled –

- ➔ Dr. Allyson Bazarsky (802) 862-5759 [Middlebury, VT Clinic]
- ➔ Dr. Rebecca Burch (802) 847-4589
- ➔ Dr. Katherine Wyman (802) 847-4589

Elliot Hospital: Manchester, New Hampshire

- ➔ Dr. Oluwatosin Thompson 603-663-4800

Community Neuroscience Service - Westborough, Massachusetts

- ➔ Dr. Shivang Joshi (508) 898-0055

****Massachusetts General Hospital: Boston, Massachusetts****

- ➔ Headache and Neuropathic Pain Unit. **However, they are NOT certified Headache Specialist** (617) 724-6213