

Yale Neurology

A Practice of the Yale Medical Group

Lumbar Puncture Referral Form

Yale Physicians Building
800 Howard Ave. Lower Level
New Haven CT 06510

Phone: 203-785-4085
Fax: 203-785-3732

Patient Information

Name: _____

DOB: _____ Phone: _____

Primary Care Provider: _____

Referring Provider: _____

Reason for Procedure: _____

Tests Requested (if you unsure about the appropriate test then we will order them based on diagnosis/referral)

- | | |
|------------------------------------------------------------------------|-------------------------------------------|
| <input type="radio"/> Opening Pressure | <input type="radio"/> Viral Culture |
| <input type="radio"/> Closing Pressure | <input type="radio"/> HSV |
| <input type="radio"/> Cell Count (Tubes 1 and 4) | <input type="radio"/> VZV |
| <input type="radio"/> Protein | <input type="radio"/> CMV |
| <input type="radio"/> Glucose | <input type="radio"/> EBV |
| <input type="radio"/> IgG Index (will require a blood draw) | <input type="radio"/> West Nile Virus |
| <input type="radio"/> Oligoclonal bands | <input type="radio"/> HHV-6 |
| <input type="radio"/> Myelin Basic Protein | <input type="radio"/> VDRL |
| <input type="radio"/> ACE | <input type="radio"/> Lyme |
| <input type="radio"/> Bacterial culture | <input type="radio"/> NPH gait assessment |
| <input type="radio"/> Cytology (requires additional 5 mL of CSF) | |
| <input type="radio"/> Flow Cytometry (requires additional 5 mL of CSF) | |
| <input type="radio"/> Other tests: _____ | |

Note: routine tests (protein, glucose, cell count) require a minimum of 6 mL of CSF. Infectious and demyelinating work-up require another 6-8 mL of CSF. Additional tests will require extra CSF, increasing the likelihood of a post-LP headache.

Note: If the patient is on anti-coagulation (Coumadin, Pradaxa) it must be stopped in a safe manner by the prescribing provider prior to the procedure. Anti-platelet therapy should be not taken on the day of the procedure.

Please fax this form to our clinic (203-785-3732) to ensure expedited scheduling and proper testing. If you have any questions please contact the clinic at 203-785-4085. Thank you for your referral.

If you are using EPIC please place an Ambulatory Referral to Neurology and request an appointment with the LP Clinic. Please include the tests you want done. Thank you for your referral.