

*ValleyCare*  
**High Desert Health System (HDHS) and Palmdale Primary**  
Referral Guidelines

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# REFERRAL GUIDELINES

SERVICE	<b>CARDIOLOGY</b>
SERVICE DAYS/HOURS	Wednesday: 09:00 a.m. – 1:00 p.m.
LOCATION	HDHS Urgent Care/Specialty Care Clinic Building
AGE RESTRICTIONS	<b><u>Less than 18 years of age</u></b> <i>(Pediatric referrals are treated at OVMC)</i>

**CONDITIONS TREATED:**

- Coronary Artery Disease (or suspected)
- Arrhythmias
- Heart Failure
- Valvular Heart Disease
- Septal Defects
- Pericardial Disease
- Pulmonary Artery Hypertension
- Syncope (suspected cardiac etiology)

**REQUIRED DOCUMENTATION:** *All requests **must** include a copy of current **progress note** and a current “**Medication Reconciliation List**” from the most recent visit. **Additional documentation** is required for the following conditions:*

- **Progress Notes:** Attach detailed problem history including any prescribed treatment
- **EKG:** Whenever indicated, obtain and attach
- **Stress Test and/or Cardiac Catheterization report:** For known or suspected Coronary Artery Disease
- **Echocardiogram and/or Cardiac Catheterization Report:** For Heart Failure, Valvular Heart Disease, Pericardial Disease, Pulmonary Artery Hypertension, Septal Defects and Syncope
- **Holter Monitor Report:** For Arrhythmias, Palpitations and Syncope

**SPECIAL INSTRUCTIONS:**

Whenever indicated, obtain and attach the latest test reports.

# REFERRAL GUIDELINES

SERVICE	<b>CHEST MEDICINE</b>
SERVICE DAYS/HOURS	Tuesday: 12:00 p.m. – 4:00 p.m.
LOCATION	HDHS Urgent Care/Specialty Care Clinic Building
AGE RESTRICTIONS	<b><u>Less than 16 years of age</u></b> <i>(Pediatric referrals are treated at OVMC)</i>
<p><b><u>CONDITIONS TREATED:</u></b></p> <ul style="list-style-type: none"> <li>• Pulmonary Coccidioidomycosis (<i>or suspected</i>)</li> <li>• Chest Nodules/Masses/Lung Cancer</li> <li>• Interstitial Lung Disease</li> <li>• Uncontrolled COPD/Asthma</li> <li>• Pleural Diseases</li> <li>• Sleep Apnea (<i>or suspected</i>)</li> </ul>	
<p><b><u>REQUIRED DOCUMENTATION:</u></b> <i>All requests <b>must</b> include a copy of current <b>progress note</b> and a current “<b>Medication Reconciliation List</b>” from the most recent visit. <b>Additional documentation</b> is required for the following conditions:</i></p> <p><b><u>Pulmonary Coccidioidomycosis:</u></b></p> <ul style="list-style-type: none"> <li>• Serology for Coccidioidomycosis</li> <li>• Coccidioides Antibody Immunodiffusion Test</li> <li>• Coccidioides Antibody Complement Fixation Test</li> <li>• Chest X-ray</li> </ul> <p><b><u>Chest Nodules or Masses:</u></b></p> <ul style="list-style-type: none"> <li>• Chest X-ray</li> <li>• CT Scan with and without contrast</li> </ul> <p><b><u>COPD/ASTHMA/INTERSTITIAL LUNG DISEASE:</u></b></p> <ul style="list-style-type: none"> <li>• Chest X-ray</li> </ul>	
<b><u>SPECIAL INSTRUCTIONS:</u></b> None	

## REFERRAL GUIDELINES

SERVICE	<b>ENDOCRINOLOGY</b>
SERVICE DAYS/HOURS	HDHS: Thursday: 08:00 a.m.-12:00 p.m.
LOCATION	HDHS Urgent Care/Specialty Care Clinic Building
AGE RESTRICTIONS	<b><u>Less than 15 years of age</u></b> <i>(Pediatric referrals are treated at OVMC)</i>
<p><b><u>CONDITIONS TREATED:</u></b></p> <ul style="list-style-type: none"> <li>• All cases of thyroid cancer</li> <li>• Adrenal Incidentalomas</li> <li>• Diabetes Insipidus</li> <li>• Diabetes Mellitus</li> <li>• Hyperprolactinemia</li> <li>• Male Hypogonadism &amp; Gynecomastia</li> <li>• Osteoporosis</li> <li>• Pituitary Tumors</li> <li>• Polycystic Ovary Syndrome</li> <li>• Primary Hyperparathyroidism</li> <li>• Suspected Acromegaly</li> <li>• Suspected Cushing's Syndrome</li> <li>• Suspected Hyperaldosteronism</li> <li>• Suspected Pheochromocytoma</li> <li>• Thyroid Diseases</li> </ul>	
<p><b><u>REQUIRED DOCUMENTATION:</u></b> <i>All requests <b>must</b> include a copy of current <b>progress note</b> and a current "<b>Medication Reconciliation List</b>" from the most recent visit. <b>Additional documentation</b> is required for the following conditions:</i></p> <p><b><u>Adrenal Incidentalomas:</u></b></p> <ul style="list-style-type: none"> <li>• CT or MRI of the abdomen/pelvis</li> <li>• BMP</li> </ul> <p><b><u>Diabetes Insipidus:</u></b></p> <ul style="list-style-type: none"> <li>• BMP</li> <li>• Urinalysis</li> </ul> <p><b><u>Diabetes Mellitus – Type I ONLY:</u></b> (ALL labs must have be drawn in the past three - six months)</p> <ul style="list-style-type: none"> <li>• HgA1c</li> <li>• K</li> <li>• Creatinine</li> <li>• Lipid Panel</li> </ul> <p><b><u>Hyperprolactinemia:</u></b></p> <ul style="list-style-type: none"> <li>• Prolactin</li> <li>• TSH</li> <li>• Free T<sub>4</sub></li> </ul> <p><b><u>Male Hypogonadism &amp; Gynecomastia:</u></b></p> <ul style="list-style-type: none"> <li>• Morning total and free testosterone</li> </ul>	

**REQUIRED DOCUMENTATION** – Continued:**Osteoporosis:**

- Post-menopausal osteoporosis should be managed by primary care.
- Osteoporosis due to secondary causes: Hypogonadism in men, premature menopause in women, hyperparathyroidism are accepted.

**Pituitary Tumors:**

- MRI with contrast

**Polycystic Ovary Syndrome:**

- Total testosterone

**Primary Hyperparathyroidism:**

- Calcium
- Albumin
- Phosphorus
- Creatinine
- Intact PTH

**Suspected Acromegaly:**

- IGF-I
- GH

**Suspected Cushing's Syndrome:**

- 24-Hour urine for free cortisol and creatinine

**Suspected Hyperaldosteronism:**

- Plasma renin activity
- Plasma aldosterone
- BMP

**Suspected Pheochromocytoma:**

- 24-hour urine for fractionated metanephrine, catecholamines and creatinine

**Thyroid Diseases:**

- For all goiters and thyroid nodules/masses, order a formal neck ultrasound, obtain a TSH and Free T<sub>4</sub>, and if patient is known to be hyperthyroid, a Total T<sub>3</sub>. All thyroid labs must have been drawn within the past three months.
- If the TSH is low, please order a Radioactive Iodine Uptake and Scan unless contraindicated (e.g. Pregnancy)
- Fine needle aspirations will be arranged by the High Desert Endocrine Clinic at the time of the initial appointment.

**SPECIAL INSTRUCTIONS:**

If you have any questions or concerns, or you would like to discuss a problematic case, please page Dr. Mahabadi Monday through Friday, 08:00 - 16:30 at (818) 313-0961.

High Desert Health System  
**REFERRAL GUIDELINES**

SERVICE	ENT
SERVICE DAYS/HOURS	<b>HDHS:</b> 1 <sup>st</sup> , 3 <sup>rd</sup> & 5 <sup>th</sup> Monday: 1:00 p.m. – 5:00 p.m.
	<b>SV:</b> 2 <sup>nd</sup> & 4 <sup>th</sup> Monday: 1:00 p.m. – 5:00 p.m.
LOCATION	<b>HDHS:</b> Urgent Care/Specialty Care Clinic Building
	<b>SV:</b> Urgent Care Side
AGE RESTRICTIONS	None
<p><b><u>CONDITIONS TREATED:</u></b></p> <p>Patients with conditions related to Ear, Nose, and Throat, including:</p> <ul style="list-style-type: none"> <li>• Hearing Loss</li> </ul>	
<p><b><u>REQUIRED DOCUMENTATION:</u></b></p> <p><b><u>Hearing Loss:</u></b></p> <ul style="list-style-type: none"> <li>• Audiogram – must be done before referring (<i>ordered in Affinity</i>), to better evaluate the patient.</li> <li>• A copy of current progress note identifying the following: “Patient complains of hearing loss”.</li> <li>• A current Medication Reconciliation list from the most recent visit.</li> </ul>	
<p><b><u>SPECIAL INSTRUCTIONS:</u></b></p> <ol style="list-style-type: none"> <li>1. <u>All “Nasal Fractures” must be evaluated within 5 days.</u></li> <li>2. <u>Please send all “Facial Fractures” to a higher level of care.</u></li> </ol>	

## REFERRAL GUIDELINES

SERVICE	<b>GASTROENTEROLOGY</b>		
SERVICE DAYS/HOURS	Monday: 08:00 a.m. – 16:30 p.m. Wednesday: 13:00 a.m. – 16:30 p.m.		
LOCATION	Room C-30 – HDHS Main Hospital Building		
AGE RESTRICTION	<b><u>Less than 18 years of age</u></b> <i>(Pediatric referrals are treated at OVMC)</i>		
<p><b><u>CONDITIONS TREATED:</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>• Elevated Liver Enzymes</li> <li>• Epigastric Pain</li> <li>• Unexplained Abdominal Pain</li> <li>• Hepatitis B</li> <li>• Hepatitis C</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>• History of Barrett’s Esophagus</li> <li>• History of Adenomatous Colon Polyps</li> <li>• Rectal Bleeding</li> <li>• Colorectal Cancer Screening <i>(FOBT + on three panel FOBT testing)</i></li> <li>• Family HX of Colorectal Cancer</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li>• Elevated Liver Enzymes</li> <li>• Epigastric Pain</li> <li>• Unexplained Abdominal Pain</li> <li>• Hepatitis B</li> <li>• Hepatitis C</li> </ul>	<ul style="list-style-type: none"> <li>• History of Barrett’s Esophagus</li> <li>• History of Adenomatous Colon Polyps</li> <li>• Rectal Bleeding</li> <li>• Colorectal Cancer Screening <i>(FOBT + on three panel FOBT testing)</i></li> <li>• Family HX of Colorectal Cancer</li> </ul>
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<p><b><u>REQUIRED DOCUMENTATION:</u></b> <i>All requests <b>must</b> include a copy of current <b>progress note</b> and a current <b>“Medication Reconciliation List”</b> from the most recent visit. <b>Additional documentation</b> is required for the following conditions:</i></p> <p><b><u>Elevated Liver Enzymes:</u></b></p> <ul style="list-style-type: none"> <li>• Iron</li> <li>• TIBC</li> <li>• Ferritin</li> <li>• Ceruloplasmin</li> <li>• ANA</li> <li>• Anti-smooth muscle antibody</li> <li>• AMA</li> <li>• Hepatitis Panel</li> <li>• Liver/spleen scan or Ultrasound of Abdomen</li> </ul> <p><b><u>Epigastric Pain:</u></b></p> <ul style="list-style-type: none"> <li>• Documentation of failed medical treatment</li> </ul> <p><b><u>Unexplained Abdominal Pain:</u></b></p> <ul style="list-style-type: none"> <li>• CAT Scan of Abdomen and Pelvis</li> </ul> <p><b><u>Hepatitis B (Hepatitis B Surface Antigen Positive):</u></b></p> <ul style="list-style-type: none"> <li>• Hepatitis B DNA</li> <li>• CBC</li> <li>• PT/PTT</li> <li>• CMB (Chemistry Panel to include Liver Function Tests)</li> <li>• Hepatitis B e Antigen</li> <li>• Hepatitis B e Antibody</li> <li>• No clinical evidence of CIRRHOSIS</li> <li>• Liver/Spleen Scan or Ultrasound of Abdomen</li> </ul>			



**REQUIRED DOCUMENTATION:** Continued**Hepatitis C (*Hepatitis C Antibody Positive*):**

- CBC
- PT/PTT
- CMB (Chemistry Panel to include Liver Function Tests)
- Hepatitis C RNA
- No clinical evidence of cirrhosis
- Liver/Spleen Scan or Ultrasound of Abdomen

**History of Barrett's Esophagus:**

- None

**History of Adenomatous Colon Polyp:**

- Repeat colonoscopy indicated every 3 – 5 years for adenomatous polyps

**Rectal Bleeding:**

- NONE

**Colorectal Cancer Screening: (*FOBT + on three panel FOBT testing*):**

- Patient must be  $\geq 50$  years old
- FOBT positive on annual three panel FOBT testing
- If patient agrees to do Barium Enema Testing: Order the Barium Enema Test and review results with patient. Refer to the GI Clinic if patient agrees for Colonoscopy as the next recommended procedure
- If patient refuses Barium Enema Testing but agrees for Colonoscopy: Document this in the referral request form and refer patient to the GI Clinic

**Family History of Colorectal Cancer:****A. One first degree relative with Colorectal Cancer who is more than 50 years old:**

- Follow routine colorectal cancer screening documentation criteria (as noted above) except begin screening at age 40 years

**B. Patients with two (2) first degree relatives with Colorectal Cancer or one (1) first degree relative with colorectal cancer at 50 years of age or younger:**

- Colonoscopy every 3 – 5 years
- Begin Screening at age 40 years or 10 years younger than the youngest affected relative

**C. Patient with hereditary non-polyposis colorectal cancer (HNPCC\*) risk:**

- Colonoscopy every 2 years, then yearly after age 40 years
- Begin Screening at age 25 years or 10 years younger than the youngest affected relative

\* HNPCC Risk: Meet each of the following criteria -

- Three or more first degree relatives with colorectal cancer
- Colorectal Cancer affecting two generations
- One or more relatives younger than 50 years of age at diagnosis

(Tumors of breast and female genital tract may occur in HNPCC families)

**SPECIAL INSTRUCTIONS:**

If you have any questions/concerns or would like to discuss a problematic case, please contact Dr. Wong at (661) 945-8351.

# REFERRAL GUIDELINES

SERVICE	<b>GYNECOLOGY</b>
SERVICE DAYS/HOURS	<b>HDHS:</b> Q Thursday: 08:00 a.m. – 4:00 p.m. 1 <sup>st</sup> , 3 <sup>rd</sup> , & 5 <sup>th</sup> Tuesday: 08:00 a.m. – 4:00 p.m.
	<b>SV:</b> Wednesday: 08:00 a.m. – 4:00 p.m. 2 <sup>nd</sup> & 4 <sup>th</sup> Tuesday: 08:00 a.m. – 4:00 p.m.
LOCATION	<b>HDHS:</b> Women's Clinic – HDHS Main Hospital Building
	<b>SV:</b> Urgent Care Side
AGE RESTRICTIONS	None
<b><u>CONDITIONS TREATED:</u></b>	
<ul style="list-style-type: none"> <li>• DUB (<i>Dysfunctional Uterine bleeding</i>)</li> <li>• Infertility</li> <li>• Fibroids</li> <li>• Adnexal Mass/Ovarian Cysts</li> <li>• Amenorrhea/Metrorrhagia/Menorrhagia</li> <li>• BTL (<i>Bilateral Tubal Ligation</i>)</li> </ul>	
<b><u>REQUIRED DOCUMENTATION:</u></b> <i>All requests <b>must</b> include a copy of current <b>progress note</b> and a current "<b>Medication Reconciliation List</b>" from the most recent visit. <b>Additional documentation</b> is required for the following conditions:</i>	
<ul style="list-style-type: none"> <li>• <b><u>DUB:</u></b> Pelvic Ultrasound; CBC; Pap report</li> <li>• <b><u>Infertility:</u></b> Pelvic Ultrasound; PAP report</li> <li>• <b><u>Fibroids:</u></b> Pelvic Ultrasound; CBC; PAP report</li> <li>• <b><u>Amenorrhea/Metrorrhagia/Menorrhagia:</u></b> Pelvic Ultrasound; CBC; PAP report</li> <li>• <b><u>Adnexal Mass/Ovarian Cysts:</u></b> Pelvic Ultrasound; PAP report; CA 125</li> <li>• <b><u>BTL:</u></b> PAP report</li> </ul>	
<b><u>SPECIAL INSTRUCTIONS:</u></b>	
<ol style="list-style-type: none"> <li>1. If referring from the <b>Urgent Care</b>, the referral will be honored if ultrasound has been ordered, but not completed.</li> <li>2. Referrals from the <b>Urgent Care</b> will be honored without the pap.</li> <li>3. Please consult with Dr. Hakakha prior to referring any problematic pediatric cases.</li> </ol>	

**REFERRAL GUIDELINES**

SERVICE	<b>HEMATOLOGY</b>
SERVICE DAYS/HOURS	Tuesday: 08:00 a.m. – 6:00 p.m. Thursday: 08:00 a.m. – 6:00 p.m.
LOCATION	Glenchur Building
AGE RESTRICTIONS	<b><u>Less than 18 years of age</u></b> ( <i>Pediatric referrals are treated at OVMC</i> )
<p><b><u>CONDITIONS TREATED:</u></b></p> <ul style="list-style-type: none"> <li>• Anemias</li> <li>• Myeloproliferative disorders</li> <li>• Hemorrhagic disorders</li> <li>• Lymphomas</li> <li>• Leukopenia</li> <li>• Neutropenia</li> <li>• Eosinophilic disorders</li> <li>• Leukemias</li> <li>• Plasma cell disorders</li> <li>• Spleen deficiencies</li> </ul>	
<p><b><u>REQUIRED DOCUMENTATION:</u></b> <i>All requests <b>must</b> include a copy of current <b>progress note</b> and a current <b>“Medication Reconciliation List”</b> from the most recent visit.</i></p> <ul style="list-style-type: none"> <li>• CBC</li> <li>• BMP</li> <li>• Pertinent previous medical records from outside facilities</li> <li>• Diagnostics pertinent to the diagnosis</li> </ul>	
<p><b><u>SPECIAL INSTRUCTIONS:</u></b></p> <ol style="list-style-type: none"> <li>1. Instruct the patient to bring in all medications or a list of all medications taken.</li> <li>2. Instruct the patient to bring all pertinent previous medical records from outside facilities.</li> <li>3. Bring a copy of immunization record if available.</li> </ol>	

# REFERRAL GUIDELINES

SERVICE	<b>NEPHROLOGY</b>
SERVICE DAYS/HOURS	Wednesday: 2:00 p.m. – 4:00 p.m.
LOCATION	HDHS Urgent Care/Specialty Care Clinic Building
AGE RESTRICTIONS	<b><u>Less than 18 years of age</u></b> <i>(Pediatric referrals are treated at OVMC)</i>
<p><b><u>CONDITIONS TREATED:</u></b></p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Azotemia</li> <li>• Hematuria</li> <li>• Electrolyte Imbalance</li> <li>• Proteinuria</li> </ul>	
<p><b><u>REQUIRED DOCUMENTATION:</u></b> <i>All requests <b>must</b> include a copy of current <b>progress note</b> and a current <b>“Medication Reconciliation List”</b> from the most recent visit. <b>Additional documentation</b> is required for the following conditions:</i></p> <ul style="list-style-type: none"> <li>• <b><u>HTN:</u></b> Progress notes detailing controlled/uncontrolled, how long, medications; CBC, BMP, UA</li> <li>• <b><u>Azotemia:</u></b> Progress notes detailing controlled/uncontrolled; Ultrasound of kidney(s), CBC, BMP, UA, HgA1c if DM</li> <li>• <b><u>Hematuria:</u></b> CBC, BMP, UA, C &amp; S.</li> <li>• <b><u>Electrolyte Imbalance:</u></b> UA, BMP</li> <li>• <b><u>Proteinuria:</u></b> UA, BMP, 24 Hour Urine for Protein</li> </ul>	
<p><b><u>SPECIAL INSTRUCTIONS:</u></b></p> <p>Instruct the patient to bring in all medications or a list of all medications taken.</p>	

## REFERRAL GUIDELINES

SERVICE	<b>NEUROLOGY</b>
SERVICE DAYS/HOURS	Monday-Friday, 7:30 am- 5:30 pm
LOCATION	<b>OVMC</b> -14445 Olive View Drive, Sylmar, 91342
AGE RESTRICTIONS	None

**CONDITIONS TREATED:**

Neurological conditions that may include: established CVA, f/u for TIA, unstable epilepsy or new onset seizure, headache with failed primary care management, peripheral neuropathy with failed primary care management, neurodegenerative disorders, movement disorders, vertigo, multiple sclerosis, neuromuscular disorders, etc.

**RESTRICTIONS:**

All patients must also have a primary care provider.

**REQUIRED DOCUMENTATION:** *All requests **must** include a copy of current **progress note** and a current **"Medication Reconciliation List"** from the most recent visit. **Additional documentation** is required for the following conditions:*

**TIA or New CVA:**

- Must have ER or inpatient evaluation

**Established CVA or f/u for TIA:**

- Please ensure MRI, carotid doppler and echocardiogram reports are placed in chart

**Seizures:**

- MRI brain if available
- EEG if available

**Headache:**

- Medication history
- If patient is > 50 years old, ESR

**Dementia:**

- Labs: CBC, B12, TSH, RPR, CMP, LFTs, homocysteine
- Brain MRI

**Multiple Sclerosis:**

- MRI brain and C-spine
- Labs: ANA/B12

**Peripheral Neuropathy:**

- Labs: B12, RPR, TSH, HgA1c, ESR, ANA

**Muscle Disease:**

- CPK, ESR, TSH, ANA
- EMG/NCS if available

**SPECIAL INSTRUCTIONS:**

If you would like to discuss a problematic case, please contact the OVMC Neurology office at (818) 364-3104 and speak to Diana or Marisela. Diana or Marisela will put you in contact with the Neurologist on call.

**REFERRAL GUIDELINES**

SERVICE	<b>ONCOLOGY</b>
SERVICE DAYS/HOURS	Tuesday: 2:00 p.m. – 8:00 p.m. Thursday: 12:00 p.m. – 3:00 p.m.
LOCATION	Glenchur Building
AGE RESTRICTIONS	<b><u>Less than 18 years of age</u></b> <i>(Pediatric referrals are treated at OVMC)</i>
<b><u>CONDITIONS TREATED:</u></b>	
All carcinomas verified by pathology reports, not to exclude questionable masses in patients having history of cancer.	
<b><u>REQUIRED DOCUMENTATION:</u></b>	
<ul style="list-style-type: none"> <li>• Progress notes</li> <li>• A current Medication Reconciliation list from the most recent visit</li> <li>• Appropriate diagnostic imaging studies</li> <li>• Pathology reports</li> <li>• Surgical reports</li> <li>• CBC</li> <li>• Pertinent previous medical records from outside facilities</li> </ul>	
<b><u>SPECIAL INSTRUCTIONS:</u></b>	
<ol style="list-style-type: none"> <li>1. Instruct the patient to bring in all medications or a list of all medications taken.</li> <li>2. Instruct the patient to bring all pertinent previous medical records from outside facilities.</li> </ol>	



# REFERRAL GUIDELINES

SERVICE	<b>ORTHOPEDICS</b>	
SERVICE DAYS/HOURS	<b>HDHS</b>	Ha'eri - Tuesday: 5:00 p.m. – 9:00 p.m. x2 Friday/Saturday (hours vary)
		Elton – Wednesdays: 1:00 p.m. – 4:00 p.m.
	<b>SV:</b> Ha'eri - x2 Saturdays/month (hours vary)	
	<b>SV:</b> Elton- 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , & 5 <sup>th</sup> Monday: 1:00 p.m. - 4:00 p.m.	
LOCATION	<b>HDHS:</b> Urgent Care/Specialty Care Clinic Building	
	<b>SV:</b> Urgent Care Side	
AGE RESTRICTIONS	<b><u>Less than 2 years of age</u></b> – Refer to LAC/USC or Children's Hospital	

## **CONDITIONS TREATED:**

- Carpal Tunnel Syndrome (*CTS*)
- Neck/Back Pain
- Fractures
  - Wrist
  - Ankle
  - Hand
  - Foot
  - Undisplaced tibia, pelvis, spine, forearm, and humerus
- Trigger fingers
- Scoliosis
- Knee problems
- De Quervain's Disease

## **RESTRICTIONS:**

- No emergencies such as acute dislocations of joints (*usually shoulders*)
- No open fractures
- No femur fractures
- Please refer patients with cellulitis, draining ulcers, and osteomyelitis to LAC/USC.
- Please refer children < 2 years old with orthopedic problems to LAC/USC or Children's Hospital of Los Angeles.
- For patients with fractures referred from local hospitals/ER's, make sure the patient brings a copy of x-ray films taken at the outside facility with them, or initiate a new x-ray.
- Please do not refer patients recently operated on by other orthopedic surgeons for follow-up care to the Orthopedic Clinic. These patients should be followed by their own surgeon until the condition/injuries are well stabilized.

**REQUIRED DOCUMENTATION:** *All requests **must** include a copy of current **progress note** and a current **“Medication Reconciliation List”** from the most recent visit. **Additional documentation** is required for the following conditions:*

**Carpal Tunnel Syndrome:**

- Nerve Conduction Study

**Neck/Back Pain:** *(Only when there is neurological deficit or MRI shows disc herniation)*

- Copy of x-ray films and copy of report if available
- Documentation detailing simple treatments initiated prior to referral: i.e. medications, brace, physical therapy, etc.

**Fractures:**

- Detailed progress notes to include date of injury
- X-ray report
- Copies of films if completed at an outside facility

**Trigger Fingers:**

- Progress notes

**Scoliosis:**

- X-ray report and films

**Knee problems:**

- X-ray report (If applicable)

**De Quervain’s Disease:**

- Progress notes

**SPECIAL INSTRUCTIONS:**

If you have any questions/concerns or would like to discuss a problematic case, please page Dr. Ha’eri at (661) 540-5255 or Dr. Elton at (661) 223-6382.

# REFERRAL GUIDELINES

SERVICE	<b>PODIATRY</b>
SERVICE DAYS/HOURS	<b>HDHS:</b> Day - x2 Sundays/month 09:00 a.m.- 6:00 p.m.
	<b>SV:</b> Katz - Thursday: 1:00 p.m. – 5:00 p.m.
LOCATION	<b>HDHS:</b> Urgent Care/Specialty Care Clinic Building
	<b>SV:</b> Urgent Care Side
AGE RESTRICTIONS	None
<b><u>CONDITIONS TREATED:</u></b>	
<ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• Lesions/Masses</li> <li style="display: inline-block; width: 45%;">• Bunion deformity</li> <li style="display: inline-block; width: 45%;">• Nail diseases or Infections</li> <li style="display: inline-block; width: 45%;">• Hammertoes</li> <li style="display: inline-block; width: 45%;">• Diabetic foot care</li> <li style="display: inline-block; width: 45%;">• Foot/Ankle wounds</li> <li style="display: inline-block; width: 45%;">• Undiagnosed foot pain</li> <li style="display: inline-block; width: 45%;">• Foot/Ankle sprains</li> <li style="display: inline-block; width: 45%;">• Congenital deformities of foot</li> <li style="display: inline-block; width: 45%;">• Deformities of gait</li> <li style="display: inline-block; width: 45%;">• Post traumatic injury</li> <li style="display: inline-block; width: 45%;">• Onychomycosis</li> <li style="display: inline-block; width: 45%;">• Foot pain</li> </ul>	
<b><u>RESTRICTIONS:</u></b>	
<ul style="list-style-type: none"> <li>• Send all acute trauma or open fractures to the ER</li> <li>• Send all ankle fractures to Orthopedics</li> </ul>	
<b><u>REQUIRED DOCUMENTATION:</u></b>	
<ul style="list-style-type: none"> <li>• A copy of current progress note</li> <li>• A current Medication Reconciliation list from the most recent visit.</li> <li>• If the diagnosis justifies an X-ray, order a 3 View weight-bearing</li> <li>• Attach relevant labs (<i>i.e. Liver enzymes</i>) for patients with onychomycosis</li> <li>• Attach recent relevant labs (i.e. HGB A1C) for diabetics with poorly controlled diabetes or symptomatic lower extremities</li> </ul>	
<b><u>SPECIAL INSTRUCTIONS:</u></b>	
<ol style="list-style-type: none"> <li>1. Do not refer patients to podiatry for treatment of Neuropathy.</li> <li>2. Please consult with Dr. Katz at (661) 273-3338 for any problematic cases.</li> </ol>	

## REFERRAL GUIDELINES

SERVICE	<b>PHYSICAL MEDICINE/REHABILITATION</b>
SERVICE DAYS/HOURS	Friday: 1:00 p.m. – 4:30 p.m.
LOCATION	HDHS Urgent Care/Specialty Care Clinic Building
AGE RESTRICTIONS	None

**CONDITIONS TREATED:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Cerebro-Vascular Accident (<i>CVA</i>)</li> <li>• Head Injury (<i>HI</i>)</li> <li>• Spinal Cord Injury (<i>SCI</i>)</li> <li>• Neuromuscular Disorders</li> <li>• GBS/Dermatomyositis/MS/Parkinson Neuropathy Radiculopathy/Myopathy/Other</li> </ul> | <ul style="list-style-type: none"> <li>• Musculoskeletal Disorders</li> <li>• Tendinitis/ Joint disorders</li> <li>• Amputations</li> <li>• Functional Deficits</li> </ul> |
|---|--|

**REQUIRED DOCUMENTATION:** *All requests **must** include a copy of current **progress note** and a current “**Medication Reconciliation List**” from the most recent visit. **Additional documentation** is required for the following conditions:*

**CVA /HI/ SCI/ Trauma:**

- Recent hospital admission and discharge information
- Therapy information if available
- Last Radiological findings
- Neurology / Orthopedic consults if available

**Neuromuscular Disorders:**

- Neurology consult if available
- Therapy note if available

**Musculoskeletal Disorders:**

- Any pertinent radiological information
- Orthopedic consult
- Any weight bearing restrictions
- Any therapy notes if available

**REQUIRED DOCUMENTATION:** Continued

**Amputations:**

- Orthopedic consultation notes if available
- Any therapy note if available
- Hospital admission and discharge information

**Functional Deficits:**

- Reason for request – therapy, brace, DME, evaluation
- History an Physical
- Diagnosis
- Medications

**SPECIAL INSTRUCTIONS:**

If you have any questions or concerns, or you would like to discuss a problematic case, please contact Dr. Lakshman or page her Monday through Friday, 08:00 – 04:30 at (661) 948 - 8581.

## REFERRAL GUIDELINES

<b>SERVICE</b>	<b>SURGERY CLINIC</b>	
<b>SERVICE DAYS/HOURS</b>	HDHS: Monday – Piratla 1:00 pm – 3:30 pm	Thursday – Murthy 1:00 pm – 3:30 pm
	SV: Tuesday – Piratla 1:00 pm – 3:30 pm	Friday – Murthy 1:00 pm – 3:30 pm
<b>LOCATION</b>	<b>HDHS:</b> HDHS Urgent Care/Specialty Clinic Building	
	<b>SV:</b> Urgent Care Side	
<b>AGE RESTRICTIONS</b>	<b><u>Less</u></b>	
<p><b><u>CONDITIONS TREATED:</u></b></p> <ul style="list-style-type: none"> <li>• Abscess/Infected cysts</li> <li>• Lipomas/Solid lesions/Non-Infected cyst</li> <li>• Breast Lesion</li> <li>• Hemorrhoids/Any peri-anal, anal and rectal conditions</li> <li>• All Hernias</li> <li>• Cholelithiasis</li> </ul>		
<p><b><u>REQUIRED DOCUMENTATION:</u></b> <i>All requests <b><u>must</u></b> include a copy of current <b><i>progress note</i></b> and a current <b><i>“Medication Reconciliation List”</i></b> from the most recent visit. <b><i>Additional documentation</i></b> is required for the following conditions:</i></p> <p><b><u>Abscess/Infected cysts:</u></b></p> <ul style="list-style-type: none"> <li>• Progress notes with patient history and examination</li> <li>• Contact Surgeon by phone for disposition of patient</li> </ul> <p><b><u>Lipomas/Solid Lesions/Non-Infected cyst:</u></b></p> <ul style="list-style-type: none"> <li>• Progress notes with patient history and examination</li> </ul> <p><b><u>Breast Lesion:</u></b></p> <ul style="list-style-type: none"> <li>• Progress notes with patient history and examination</li> <li>• Mammogram and/or ultrasound reports</li> </ul> <p><b><u>Hemorrhoids (any peri-anal, anal and rectal conditions):</u></b></p> <ul style="list-style-type: none"> <li>• Progress notes with patient history and examination</li> <li>• Digital rectal exam</li> </ul> <p><b><u>All Hernias:</u></b></p> <ul style="list-style-type: none"> <li>• Progress notes with patient history and examination</li> </ul>		

**REQUIRED DOCUMENTATION-** Continued:

**Cholelithiasis:**

- Progress notes with patient history and examination
- Relevant labs (i.e. ultra sound, liver panel, CBC, amylase, lipase, chem panel)

**SPECIAL INSTRUCTIONS:**

Please inform the patient that the initial visit with the Surgeon is only the consultation and not the day their procedure will be performed. All procedures are subject to clearance by an anesthesiologist. If you have any questions or concerns, or you would like to discuss a problematic case, please contact Dr. Piratla at (661) 540-4528 or Dr. Murthy at (661) 223-0128.

## **REFERRAL GUIDELINES**

SERVICE	<b>UROLOGY</b>
SERVICE DAYS/HOURS	<b>HDHS:</b> 1 <sup>st</sup> , 2 <sup>nd</sup> , 4 <sup>th</sup> Tuesday: 08:00 a.m. – 4:00 p.m. Hadaya 3 <sup>rd</sup> Tuesday: 9:00 a.m. – 12:00 p.m. Houston
	<b>SV:</b> 3 <sup>rd</sup> & 5 <sup>th</sup> Tuesday: 10:00 p.m. – 4:30 p.m. Hadaya
LOCATION	<b>HDHS:</b> HDHS Urgent Care/Specialty Care Clinic Building
	<b>SV:</b> Urgent Care Side
AGE RESTRICTIONS	None

**CONDITIONS TREATED:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Erectile Dysfunction (<i>ED</i>)</li> <li>• Elevated PSA</li> <li>• Hematuria (<i>Microscopic or Trace</i>)</li> <li>• Hydronephrosis</li> <li>• Incontinence</li> <li>• Kidney Stones</li> <li>• Kidney Mass or Cysts</li> </ul> | <ul style="list-style-type: none"> <li>• Phimosis (Adult)</li> <li>• Scrotal Mass</li> <li>• Recurrent Urinary Tract Infection</li> <li>• Urinary Retention</li> <li>• Vasectomy</li> <li>• Voiding Dysfunction/BPH</li> </ul> |
|--|--|

**REQUIRED DOCUMENTATION:** *All requests **must** include a copy of current **progress note** and a current **“Medication Reconciliation List”** from the most recent visit. **Additional documentation** is required for the following conditions:*

**Erectile Dysfunction:**

- Free Testosterone Level
- TSH, T4 if applicable
- BMP
- Lipid Panel
- U/A

**Elevated PSA (any rise greater than 0.75 in a year or anyone greater than 2.5):**

- Most recent PSA Velocity
- U/A

**Hematuria-after r/o infection (Microscopic or Trace):**

- CT Urogram or CT Stone Survey
- BMP
- U/A, Urine C&S, Urine cytology x 2

**Hydronephrosis:**

- U/A, Urine C&S
- Ultrasound of Kidney
- KUB (*Flat plate*)
- BMP

**Incontinence:**

- Ultrasound of Kidney
- KUB (*Plain film*)
- CBC, BMP



**REQUIRED DOCUMENTATION**- Continued**Kidney Stones:**

- CT Urogram or CT Stone Survey
- BMP, CBC
- U/A,

**Kidney Mass or Cyst:**

- Ultrasound for Cysts
- CT Urogram
- CBC, BMP
- U/A

**Phimosis (Adult):**

- Fasting Blood Sugar

**Scrotal Mass:**

- Ultrasound of Scrotum

**Recurrent Urinary Tract Infection:**

- CBC, BMP
- Urine C&S, U/A
- Ultrasound of Kidney

**Urinary Retention:**

- PSA
- Urine C&S, U/A
- Ultrasound of bladder for pre & post void residual

**Desired Sterilizations (Vasectomy):**

- Urologist will do patient counseling

**Voiding Dysfunction/BPH:**

- PSA
- Urine C&S, U/A
- Ultrasound of bladder for pre & post void residual

**SPECIAL INSTRUCTIONS:**

1. Please refer patients with cystocele to Gyn.
2. A pregnancy test is required for all women needing imaging studies other than an Ultrasound.