



SCHEDULING CHECKLIST

CHIARI MALFORMATION

The Colorado Chiari Institute team requires that each of the following pieces of information be sent in for review, prior to scheduling an appointment. This will allow us to assess your condition and create your customized treatment plan. Once all items are complete, please fax this checklist to 303.695.2665 or email chiaricare@healthonecares.com.

| | REQUIREMENTS | DESCRIPTION | PURPOSE |
|--------------------------|--|---|---|
| <input type="checkbox"/> | MRI Reports and Imaging Discs of <u>Brain</u> (with and without contrast) AND <u>Cervical spine</u> (without contrast) within the past year. | Magnetic Resonance Imaging (MRI) is a test that uses a magnetic field and pulses of radio wave energy to make a picture of the brain and its structures. | An MRI helps identify Chiari malformation and/or other abnormalities. |
| <input type="checkbox"/> | Referral Request Form from your Primary Care Physician (PCP), Neurologist or Neurosurgeon. | The Referral Request Form is included with the initial packet you will receive, and is also available at coloradochiari.com . The referral provides Colorado Chiari Institute with your doctor's contact information. | The referring doctor will be the key contact during your care with Colorado Chiari Institute. |
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| <input type="checkbox"/> | Most recent office visit notes from your Primary Care Physician AND your Neurologist (if you have a Neurologist). | Any office visit notes from the past 6 months. Or your last two visits. | Helps us to examine other health problems that may or may not be related to your current condition. |
| <input type="checkbox"/> | If you already had surgery, the operative report of previous decompression. | An operative report is required only if you have had a previous Chiari decompression surgery. | Allows us to review previous procedure(s). |

