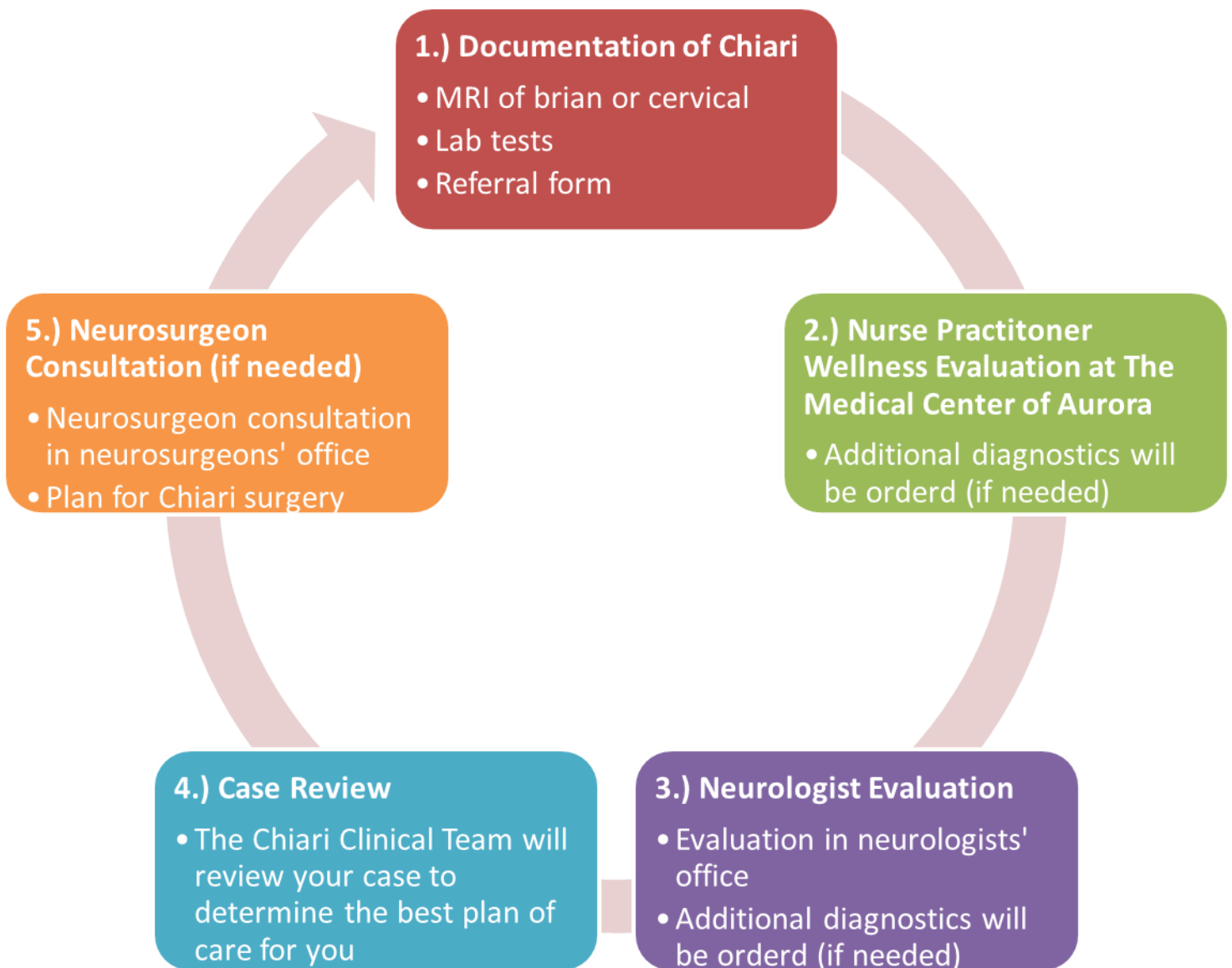


Dear Patient,

Thank you for your interest in having an evaluation at The Chiari Care Center at The Medical Center of Aurora. Our Chiari program is comprised of a network of neurosurgeons, neurologists and other neurohealth professionals that work collaboratively to recommend the best plan of care for you. During your care you will be seen by our Nurse Practitioner at The Medical Center of Aurora, your neurologist in their office and in the neurosurgeons' office (if needed). The Chiari Navigator will be your contact to guide you through the 5 step process listed below.





Step 1- Documentation Packet

If you have been diagnosed with Chiari, we require the following documentation before we can consider further screening of your neurological symptoms.

- 1.) A radiology (x-ray) report within the past 6 months that shows a Chiari malformation
 - This can be an MRI of the brain **or** cervical (neck) spine that shows a Chiari malformation
- 2.) A completed referral request from your primary care/family physician or Neurologist
- 3.) Laboratory tests
 - C Reactive Protein (CRP-Cardiac)
 - Hemaglobin A1C (HbA1c)
 - Vitamin D (vitamin d 25-hydroxy)

Please fax the completed documentation packet to our Chiari Navigator at 303-671-4968 or email to chiaricare@healthonecares.com. After all of the documents are received, the Chiari Navigator will call you to discuss next steps.

Step 2- Nurse Practitioner screening

If you qualify for further Chiari screening, the Chiari Navigator will schedule an appointment for you to be seen by our Nurse Practitioner at The Medical Center of Aurora for a wellness evaluation. Additional diagnostics will be ordered if needed.

Step 3- Neurologist evaluation

If you have a neurologist, our Chiari Navigator will help schedule a visit at their office.

If you do not have a neurologist, our Chiari Navigator will help schedule an appointment with one of our neurologists in the Chiari network. Additional diagnostics will be ordered if needed.

Step 4- Case Conference

After the evaluations and additional diagnostics have been completed, the neurologist and Nurse Practitioner will review your case to determine the best plan of care for you. If you are a potential surgical candidate, your case will be discussed by the Chiari clinical team. This discussion is supervised by Dr. John Oro, however he is **not** your neurosurgeon. After your case is discussed, your physician will contact you to discuss the best plan of care.

Step 5- Neurosurgeon Consultation (if needed)

If the Chiari clinical team recommends you see a neurosurgeon for a consultation, that visit will be arranged by the Chiari Navigator. If you are a candidate for Chiari surgery, this will be coordinated by the Chiari Navigator.

Sincerely,

The Chiari Care Center at The Medical Center of Aurora
1501 S. Potomac St.
Aurora, CO 80012
Fax: 303-671-4968

DOCUMENTATION PACKET FOR CHIARI MALFORMATION AT THE CHIARI CARE CENTER

Patient Name: _____

Date of Birth: _____

When were you diagnosed with Chiari?: _____

Have you had Chiari surgery before? _____

As part of your initial screening, the Chiari Care Team requires the following documentation checklist to determine the best treatment plan for you. Once completed, please fax to The Chiari Care Center at 303-671-4968 or email to chiaricare@healthonecares.com

CHECK	TEST	DESCRIPTION	PURPOSE
<input type="checkbox"/>	MRI (Brain or Cervical)	<ul style="list-style-type: none"> 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. A cervical MRI looks at the cervical (neck) bones and spinal cord 	An MRI helps identify Chiari malformation and/or other abnormalities
<input type="checkbox"/>	Referral Request Form (from your primary care physician or neurologist)	<ul style="list-style-type: none"> The referral request form is included with the initial packet. The referral provides the Chiari Center with your physician's contact information 	The physician that refers you will be the key contact during your care
<input type="checkbox"/>	Laboratory Tests	<ul style="list-style-type: none"> Blood tests <ul style="list-style-type: none"> -Hemoglobin A1C -C Reactive Protein (Cardiac) -Vitamin D level 	Evaluates for Diabetes, overall inflammation, and Vitamin D deficiency
<input type="checkbox"/>	Primary Care Physician/Family Physician Notes	<ul style="list-style-type: none"> Patient visit notes from last 6 months 	Review recent physical exam findings
<input type="checkbox"/>	Neurology Notes (if you have a neurologist)	<ul style="list-style-type: none"> Patient visit notes from last 6 months 	Review recent neurological exam findings



The Chiari Care Center at The Medical Center of Aurora

REFERRAL REQUEST

Dear Patient,

Our office policy requires that we have at least one physician on file in your chart to send our records to. This can be a **referring physician, primary care, or specialist** that you see. They will be a **key contact** during your care. Once the below information is complete, please have your provider sign and fax to 303-671-4968.

Date: _____ PatientName: _____

Patient Date of Birth: _____

Diagnosis: _____

Provider Name: _____

Provider Telephone: _____ Fax: _____

Provider Address: _____

City: _____ State: _____ Zip Code: _____

Provider's Signature: _____

Please attach the patient's most recent clinical notes from the last 6 months.