University Hospitals
Case Medical Center

Autonomic Laboratory
Referral Form

Phone:216-844-3496
Fax: 216-844-7624

☐ Case Medical Center
11100 Euclid Ave.
Bolwell Health Center
Cleveland, OH 44106

☐ Chagrin Highlands Health Center
3909 Orange Place
Suite 2000
Orange Village, OH 44122

☐ Westlake Health Center
960 Clague Road
Suite 3120
Westlake, OH 44145

Patient Name: ______________________ UH# (if available): ______________

Patient Telephone (home): ______________________ (work): ______________

Appt. Date: ______________ Time: ______________ a.m./p.m.

Reason for Autonomic Testing (indicating symptoms, diagnosis and/or check appropriate box below): ______________

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Referring Physician Signature: ______________________

Referral Diagnosis *(PLEASE CHECK ALL THAT APPLY)*

Diagnosis		Diagnosis	
Peripheral Neuropathy		Limb Pain	
Small Fiber Neuropathy		Causalgia (RSD)	
Radiculopathy (Location:)		Essential Hyperhidrosis	
Myelopathy		Syncope	
Spinal Cord Injury		Orthostatic Hypotension	
Autonomic Dysreflexia		Raynaud's Syndrome	
		Tachycardia Postural Syndrome (POTS)	
Multiple System Atrophy (Shy Drager Syndrome) or OPCA		Impotence	
		Urinary Dysfunction	
Pure Autonomic Failure		Gastrointestinal Dysfunction	
Familial Dysautonomia (Riley Day Syndrome)			
		Diabetes	
Hypertension/White Coat Syndrome		Amyloidosis	
Other:		Cancer (Type:)	

Testing is tailored to the clinical Problem.
However, if a specific procedure is requested please check below.

Routine Tests

Test		Test	
Quantitative Sensory Testing (QST)		24-Hour Blood Pressure Monitoring	
Tilt Table		Axon Reflex Sweat	
Deep Breathing		Thermoregulatory Sweat	
Valsalva Maneuver		Sweat Output	
Negative Pressure Box		Skin Temperature	
Hand Grip		Limb Volume	
Cold Pressor		Skin Blood Flow	

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