**GENERAL PRACTITIONER REFERRAL TO NEUROSURGERY SPECIALIST CLINIC**

**BACK AND NECK SUPPORTING CLINICAL INFORMATION FORM**

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| **PATIENT INFORMATION** Western health ur (if known):  |
| Title First name: Surname:  |
| Sex DOB:  |
| Address:   |
| Contact numbers—home: mobile:  |
| Interpreter required: yes/no: Preferred Language:  |

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| **REFERRER DETAILS** |
| Name: |
| Clinic name |
| Address:  |
| Phone: |
| Fax: |
| Provider number |

**INDICATE AREA(S) OF SYMPTOMS PRIORITY SIGNS OF NEUROLOGICAL SYMPTOMS**



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| 1 | WEAKNESSIf yes, list weak muscle groups | Yes  | No |
| 2 | SENSORY LOSS | Yes  | No |
| 3 | URINARY/BOWEL DYSFUNCTION PERIANAL SENSORY LOSS | Yes  | No |
| 4 | LOSS OF REFLEXIf yes, which reflex | Yes  | No |
| 5 | HYPER-REFLEXIA | Yes  | No |
| 6 | ATAXIA | Yes  | No |
| 7 | PLANTAR REFLEX | Yes  | No |
| 8 | CLONUS | Yes  | No |

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| Many types of low back/leg pain and neck/arm pain will respond to a range of CONSERVATIVE treatments. In order to prevent acute pain becoming chronic, these conservative options should be explored first unless the involvement of neurological signs is more profound.**THE EXPECTATION IS THAT TREATMENTS HAVE BEEN TRIALLED AS PART OF THE MANAGEMENT HISTORY****Treatments have been trialled as part of management history**  |
| Exercise | Yes/Time | No |
| Physiotherapy | Yes/Time | No |
| Weight loss | Yes/Time | No |
| Anti-inflammatory medication | If yes, Name & timeframe | No |
| Other  | Please specify |
| **Functional limitation (closest response)** |
| Walking | <50m | 50-100m | >500m |
| Sitting duration | <5 mins | 5-15 mins | >15 mins |
| Sleep significantly disturbed | Yes  | No |
| BMI |  |

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| ***PLEASE BE AWARE THAT 90-95% OF REFERRALS TO NEUROSURGERY DO NOT REQUIRE SURGICAL INTERVENTION. NEUROSURGERY SPECIALTY IS A SURGICAL CLINIC*** |

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| **HISTORY OF CURRENT CONDITION (ALSO ATTACH REFERRAL LETTER)** |
| Date of onset |
| Pain duration (include pain score: Visual Analogue Scale 0 – 10) |
| Radicular arm/leg pain |
| Neurological involvement |
| Current medication |
| Current/Previous management for this condition  |