

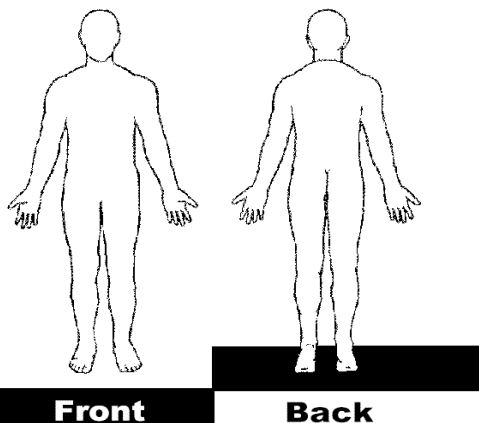
- ◆ PLEASE ATTACH this form to the referral and include current imaging and investigation results.
- ◆ Patients must bring all films to appointments

**GENERAL PRACTITIONER REFERRAL TO NEUROSURGERY SPECIALIST CLINIC
BACK AND NECK SUPPORTING CLINICAL INFORMATION FORM**

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

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

INDICATE AREA(S) OF SYMPTOMS



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

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

PRIORITY SIGNS OF NEUROLOGICAL SYMPTOMS

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

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 trialed 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			