

# REFERRAL GUIDELINES

## Movement Disorder Clinic

**Head of Unit:** Dr Ernie Butler

**Referrals:** Referral addressed to named head of unit is preferred.

Referral via ACCESS  
Phone: 1300 665 781  
ACCESS Fax: 9784 2309

ACCESS Referral Form preferred

### Clinic overview:

Multidisciplinary team for management of Parkinson's and Movement Disorders. Includes neurological, medical, nursing, dietetics, occupational therapy, physiotherapy, speech pathology and social work.

### Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	<ul style="list-style-type: none"> <li>New or progressive tremor, non-essential tremor</li> <li>Suspected Parkinson's disease or movement disorder</li> <li>Motor or non-motor complications of Parkinson's disease leading to substantial disability such as falls with harm, choking when eating/ drinking, severe carer stress, continence issues, unable to eat/ dress/ participate in Activities of Daily Living</li> </ul>	2 weeks
Category 2 Routine	<ul style="list-style-type: none"> <li>Weakness, difficulties communicating, requires equipment at home, future care planning</li> </ul>	6-8 weeks
Emergency	<ul style="list-style-type: none"> <li>Acute onset of a movement disorder eg. severe ataxia, dystonia, hemiballismus</li> <li>Acute dystonic crisis</li> <li>Acute akinetic crisis</li> <li>Neuroleptic malignant syndrome</li> </ul>	Immediate via Emergency Department

### IMPORTANT:

The following referral information is mandatory:

#### Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

#### Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

#### Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

#### Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

#### HEAD OF UNIT

**PROGRAM DIRECTOR**  
Dr Ernie Butler

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Reviewed: 11/6/2021

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	<ul style="list-style-type: none"> <li>• Device-related infection in people with deep brain stimulator implants.</li> </ul>	
<b>Eligibility Criteria</b>		
<p>Diagnosis or suspected diagnosis of</p> <ul style="list-style-type: none"> <li>• New or progressive tremor, non-essential tremor</li> <li>• Suspected Parkinson's disease</li> <li>• Suspected other movement disorder           <ul style="list-style-type: none"> <li>○ Progressive Supranuclear Palsy (Steele Richardson's disease)</li> <li>○ Multi Systems Atrophy (Shy Drager Syndrome)</li> <li>○ Cortico Basal Degeneration</li> <li>○ Drug-induced Parkinsonism</li> <li>○ Frontal gait Apraxia</li> <li>○ Huntington's Disease</li> </ul> </li> <li>• Motor or non-motor complications of Parkinson's disease leading to substantial disability.</li> </ul> <p>Preferred living within Peninsula Health catchment</p> <p><i>DHHS Statewide Referral Criteria</i>  <a href="https://src.health.vic.gov.au/movement-disorders-and-dystonia">https://src.health.vic.gov.au/movement-disorders-and-dystonia</a></p>		
<b>Exclusions</b>		
<p>Clients in residential care</p>		
<b>Alternative referral options</b>		
<p>St. John of God Rehabilitation Services  <a href="https://www.sjog.org.au/our-services/rehabilitation-services/parkinsons-disease">https://www.sjog.org.au/our-services/rehabilitation-services/parkinsons-disease</a></p> <p>Other Private services</p>		

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### Minimum Referral Information Required

Please note, referral cannot be processed if minimum information is missing)

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigation  
Provide if available:
  - Liver function tests
  - Full blood examination
  - Thyroid stimulating hormone levels
  - Previous investigations (e.g. nerve conduction study, electroencephalogram, CT or MRI of the brain).

### Clinic information

Neurology clinic- 4th Thursday of the month

- Community Rehabilitation Centre, 125 Golf Links Rd, Frankston
- Rosebud Community Rehabilitation Centre, Rosebud Hospital, Pt Nepean Rd, Rosebud

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