

Movement Disorders Program

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

Categories for Appointment

	Clinical description	Timeframe for Appointment
Category 1 - Urgent	Diagnosis, differential diagnosis, new diagnosis, falls with harm, choking when eating/ drinking, severe carer stress, continence issues, unable to eat/ dress/ participate in ADL's	Short waiting times
Category 2 - Routine	Weakness, difficulties communicating, requires equipment at home, future care planning,	Short waiting times
Emergency		Immediate via Emergency Department

Eligibility Criteria

- Diagnosis or suspected diagnosis of:
 - Parkinson's Disease
 - Progressive Supranuclear Palsy (Steele Richardson's disease)
 - Multi Systems Atrophy (Shy Drager Syndrome)
 - Cortico Basal Degeneration
 - Drug-induced Parkinsonism
 - Frontal gait Apraxia
 - Huntington's Disease
- Lives within Peninsula Health catchment (only for homebased referrals. Clients out of area accepted for any centre based services if willing to travel there).

Exclusions

- Clients in residential care (as they have access to private services through the facility)
- Other non-Parkinsonian movement disorders

Alternative Referral Options

- St John of God Rehabilitation, Frankston: [St John of God Parkinson's Program](#)
- Calvary Health Care Bethlehem, Caulfield: [Progressive-neurological-disease-service](#)

Clinic Information

Referrals via ACCESS

- **ACCESS Phone: 1300 665 781**
- **ACCESS Fax: 9784 2309**
- [ACCESS Referral Form](#)

- Neurology clinic- 4th Thursday of the month
- Medical clinics – Frankston- Thursday, Rosebud-Thursday
- Nursing – Thursday
- Allied Health – various days

Service delivered from:

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

Minimum Referral Information Required
(Please note, cannot be processed if minimum information is missing)

- **Referral must be addressed to Dr Chris Baguley or Dr Kapil Gupta (for medical clinics) or must be addressed to Dr Sanjay Raghav for neurologist clinics**
- Referring practitioner name, provider number and signature.
- Date of referral
- *Period for which referral is valid (if different to standard referral validity)*
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral.
- Relevant medical history
- Medications
- Results of all recent and relevant investigations

Other Information

- **Please contact with any queries regarding the program or referral process 9784 8700**