

REFERRAL GUIDELINES

NEUROLOGY

Referral Form: The GP Referral Template located within the Mastercare Referralnet system is the preferred referral tool

Clinic overview:

To assess and/or manage patients with serious neurological conditions

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 – Urgent	Urgent symptoms must be discussed with the Neurology registrar by calling switchboard on 9784 7777	Within 30 days
Category 2 – Routine	All other cases	Greater than 30 days depending on clinical need
Emergency	Severe Symptoms or otherwise concerned	Immediately via Emergency Department

Eligibility Criteria

- Adults with serious neurological disorders such as:
 - Multiple Sclerosis
 - Epilepsy
 - Movement Disorders
 - Peripheral Neuropathy
 - Headache (new onset over 50 years of age, migraine > 2 years)
 - Frequent blackouts
 - Trigeminal neuralgia
 - Undiagnosed neurological disorders

IMPORTANT:

The following information is mandatory:

Referral:

- Date of referral
- Duration of referral
- Speciality
- Named practitioner
- Referring practitioner name
- Referrers signature

Patient Demographic:

- Full name
- Date of birth
- Next of kin
- Postal address
- Contact numbers
- Medicare number

Clinical:

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

X-ray results/reports should be within the last 6 mths

HEAD OF UNIT

Dr Ernie Butler

PROGRAM DIRECTOR

Dr Gary Braun

OUTPATIENT ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Reviewed: February 2019

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<p>Exclusions</p> <ul style="list-style-type: none"> • Stroke • Children under 16 years • Patients requiring immediate neurological attention
<p>Alternative Referral Options</p> <ul style="list-style-type: none"> • Private referrals
<p>Clinic information</p> <ul style="list-style-type: none"> • Tuesdays 1330 - 1630 • Outpatient Department, Frankston Hospital – Integrated Health Centre • Fax: 9788 1879 • Phone: 9784 2600
<p>Minimum Referral Information required</p> <ul style="list-style-type: none"> • Referral be addressed to named practitioner: Dr Ernie Butler • Referring practitioner name, provider number and signature • Date of referral • Period for which referral is valid (if different to standard referral validity) – indefinite referrals preferred • Patient's name, address, date of birth, Medicare number and phone number • Clinical details and reason for referral • Relevant medical history • Medications and Allergies • Results of all recent investigations especially CT scans, MRI, neurological testing (EEG, EMG, Nerve Conduction Studies), blood tests and recent correspondence (eg/ discharge summaries)

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