

REFERRAL GUIDELINES

Neurological Rehabilitation Clinic

Head of Unit: Dr Nathan Johns

Referrals: For faxed referrals, use the ACCESS referral form to 9784 2309

Clinic overview:

We care for patients who have a neurological impairment including:

- Acquired Brain Injury (ABI)
- Multiple Sclerosis
- Guillain-Barre Syndrome
- Post-polio syndrome
- Progressive neurological disorders
- Neuropathies
- Cerebral palsy

And with rehabilitation medicine needs including issues related to

- Mobility
- Cognition
- Communication
- Functional independence
- Sexuality

Clinic Rehabilitation Physicians:

Dr Daniela Pasagic

Dr James Ting

Clinic location: Golf links Road

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	New neurological impairment	4-6 weeks
Category 2 Routine	Reviews	3 months
Emergency		

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

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PROGRAM DIRECTOR

Dr Nathan Johns

ENQUIRIES

ACCESS

Fax: 9784 2309

Phone: 1300 665 781

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Eligibility Criteria		
<p>Patients must live within Peninsula Health catchment area Clear rehabilitation goals Chronic or progressive neurological conditions with functional decline and rehabilitation goals</p>		
Exclusions		
<p>Unclear diagnosis / need for further investigations (refer to neurologist) Dementia (CDAMS) Parkinson's disease (Movement disorders clinic) Age < 16 Age > 65 (GEM clinics)</p>		
Alternative referral options		
Minimum Referral Information Required		
Please note, referral cannot be processed if minimum information is missing)		
<ul style="list-style-type: none"> • 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 <p style="color: red; margin-left: 20px;">MANDATORY TEST INFORMATION HERE...</p>		
Clinic information		

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Neurological Rehabilitation Clinic

- **Times:** Wed 1300-1600HR
- **Location:** 125 Golf Links Road, Frankston 3199
- **Fax** 9784 2316

Please Note; The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of her appointment

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