

Neurology Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of neurological conditions by a Neurologist. Patients will be triaged into one of these management pathways according to their clinical needs:

1. **Movement Disorders Clinic:** patients with symptoms of Parkinson's disease and/or clinical symptoms of ataxia, tremor or dystonia.
2. **General Neurology Clinic:** patients with peripheral nervous system disorders, peripheral neuropathy, neuromuscular conditions, multiple sclerosis, headache/migraine, motor neurone disease and dementia (in patients under 60 years of age).
3. **Epilepsy/Seizure Clinic:** patients with previously diagnosed epilepsy or new symptoms of epilepsy and seizure.
4. **Stroke/TIA Clinic:** patients with neurological symptoms that are vascular in nature, such as stroke and transient ischaemic attack (TIA)

Conditions not seen by Neurology specialists at Western Health:

- Back pain (refer to subspecialty surgery clinics or manage in the community)
- Dizziness with absence of alarm symptoms (see list of alarm symptoms below and refer to Emergency Department as indicated)
- Sleep disordered breathing (refer to Respiratory/Sleep Disorder Clinic)
- Falls in elderly (refer to Falls and Balance Clinic)
- Patients requiring only Neuropsychology
- Dementia for patients > 60 years of age (refer to Western Health CDAMS clinic).
- Epilepsy review for maintaining a standard driver's license (only commercial driver's license requires Neurologist review)
- Neurology conditions in children under 17 years of age

Neurological Alarm Symptoms:

The following alarm symptoms should trigger an immediate referral to an **Emergency Department**:

- Thunderclap headache (onset of headache within one minute) – subarachnoid haemorrhage.
- Headache with new onset focal signs such as neck stiffness, fever or positive Kernig's sign
- Acute visual disturbance associated with pain (different to typical migraine-associated visual symptoms)
- Sudden confusion, rapidly progressing cognitive impairment, disorientation, loss of motor function or slurred speech (different to typical migraine-associated similar symptoms)
- Red eye and haloes around lights, suggestive of acute angle closure glaucoma
- Symptoms of temporal arteritis

Access & Referral Priority Neurology:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<h3>URGENT</h3> <p>Appointment timeframe 30 days</p>	<h3>ROUTINE</h3> <p>Appointment timeframe greater than 30 days, depending on clinical need.</p>
<p>Movement Disorders Clinic:</p> <ul style="list-style-type: none"> • Nil <p>General Neurology Clinic:</p> <ul style="list-style-type: none"> • Newly diagnosed Multiple Sclerosis (MS) • Newly diagnosed/suspected Motor Neurone Disease <p>Epilepsy/seizure Clinic:</p> <ul style="list-style-type: none"> • First Seizure in an adult • Uncontrolled epilepsy <p>Stroke/TIA Clinic:</p> <ul style="list-style-type: none"> • New Stroke/TIA that has been investigated and managed in the community (referred within 30 days of diagnosis) 	<p>Movement Disorders Clinic:</p> <ul style="list-style-type: none"> • New onset Parkinson's disease for diagnosis and initial management • Previously diagnosed Parkinson's disease patients with three or more medications per day for management • Parkinson's disease with frequent falls • Ataxia • Tremor of any form • Dystonia <p>General Neurology Clinic:</p> <ul style="list-style-type: none"> • Headache or migraine not responding to guideline-based treatment (see HealthPathways) • Suspected peripheral neuropathy • Suspected myasthenia gravis or other muscle disorders • Dementia in patients under 60 years of age <p>Epilepsy/Seizure Clinic:</p> <ul style="list-style-type: none"> • Unconfirmed or infrequent seizure symptoms in adult patients • Epilepsy with new symptoms for management and review in adult patients <p>Stroke/TIA Clinic:</p> <ul style="list-style-type: none"> • Non-urgent confirmed Stroke/TIA.

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to outpatients, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
Parkinson's Disease	<ul style="list-style-type: none"> • Symptom history • Management of condition to date • Current list of medications 	Essential: <ul style="list-style-type: none"> • CT brain
All other Movement Disorders	<ul style="list-style-type: none"> • Symptom history • Management of condition to date • Current list of medications 	Essential: <ul style="list-style-type: none"> • Relevant or recent imaging
Dementia	<ul style="list-style-type: none"> • Onset history • Symptom duration • Past history • Past and current treatment • Current list of medications 	Essential: <ul style="list-style-type: none"> • Full Blood Examination + Erythrocyte Sedimentation Rate • Urea & Electrolytes, Creatinine. • B12 & Folate • Calcium studies • Thyroid Function Test • Random Glucose • CT or MRI Brain • Syphilis Serology
	<p>Note: If patient is over 60 years of age, with absence of rapidly progressing symptoms consider referral to Western Health's Cognitive Dementia & Memory Service (CDAMS): Cognitive Dementia and Memory Service (CDAMS) Footscray Hospital 160 Gordon, street, Footscray Phone: 8345 7865 Fax: 8345 6394 This is a multidisciplinary, specialist diagnostic service for patients with previously undiagnosed memory loss/cognitive problems.</p>	
Peripheral Nerve/Muscle Disease	<ul style="list-style-type: none"> • Onset history • Symptom duration • Past history • Past and current treatment • Current list of medications 	Essential: <ul style="list-style-type: none"> • Fasting blood sugar • HBA1C within three months of referral for patients with diabetes Desirable: EMG conduction studies prior to referral

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Condition:	Key Information Points:	Clinical Investigations:
Headache	<ul style="list-style-type: none"> • Onset history • Symptom duration • Past history • Past and current treatment • Relevant Blood pressure/cardiovascular history 	Essential: <ul style="list-style-type: none"> • CT/MRI Brain • Headache diary of > 3 months in duration (see Western Health website for a headache diary template) • Current list of medications • Details list of medications tried in the past • Evidence demonstrating that Health Pathways headache or migraine guideline-based treatment model has been followed
Multiple Sclerosis	<ul style="list-style-type: none"> • Onset history • Symptom duration • Past history • Past and current treatment 	Essential: <ul style="list-style-type: none"> • MRI Brain within three months of referral • Current list of medications • Details list of medications tried in the past
Epilepsy/Seizure	<ul style="list-style-type: none"> • Onset history • Symptom duration • Past history • Past and current treatment • Current list of medications 	Essential: <ul style="list-style-type: none"> • MRI brain (see desirable criteria below) • Urea & Electrolytes and Creatinine within 3 months of referral • Full Blood Examination • Electrocardiogram • Liver Function Tests • Vitamin D • Calcium Desirable: <ul style="list-style-type: none"> • Electroencephalogram • CT brain

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Stroke / TIA	<ul style="list-style-type: none"> • Onset history • Symptom duration • Past history • Past and current treatment 	<p>Essential:</p> <ul style="list-style-type: none"> • Current list of medications • CT (preferably with CT-Angiogram) • Electrocardiogram • Carotid Doppler Ultrasound and/or CT angiogram • Fasting Lipids – HDL + LDL • Serum glucose • HBA1C for patients with diabetes • Full Blood Examination • Urea & Electrolytes • INR • Liver Function Tests <p>Desirable:</p> <ul style="list-style-type: none"> • Holter Monitor • MRI (preferably with MR-Angiogram) Brain (stroke protocol) if available • Echocardiogram