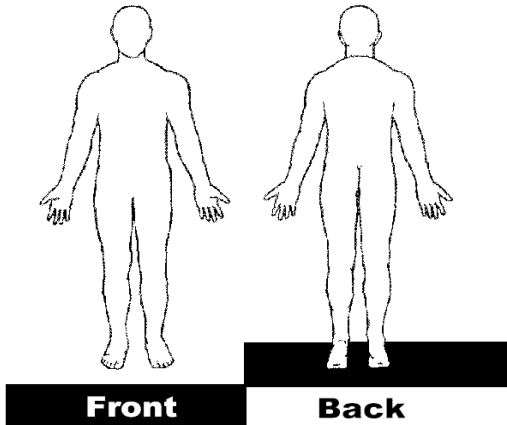


- ◆ PLEASE ATTACH CURRENT IMAGING & INVESTIGATION RESULTS TO REFERRAL
- ◆ PATIENTS MUST BRING ALL FILMS TO APPOINTMENTS

GENERAL PRACTITIONER REFERRAL TO NEUROSURGERY SPECIALIST CLINIC BACK AND NECK QUESTIONNAIRE

PATIENT INFORMATION	MALE/FEMALE	MR/MRS/MS	REFERRER DETAILS
FIRST NAME:	LAST NAME:		NAME:
DOB:	WESTERN HEALTH UR # (IF KNOWN):		CLINIC NAME
ADDRESS:			ADDRESS:
CONTACT NUMBERS—HOME:			PHONE:
MOBILE:			FAX:
INTERPRETER REQUIRED: YES/NO: If yes LANGUAGE:			

INDICATE AREA(S) OF SYMPTOMS



PRIORITY SIGNS OF NEUROLOGICAL SYMPTOMS

- | | | |
|---|-----|----|
| 1. WEAKNESS
if Yes, list weak muscle groups: _____ | YES | NO |
| 2. SENSORY LOSS | YES | NO |
| 3. URINARY/BOWEL DYSFUNCTION
PERIANAL SENSORY LOSS | YES | NO |
| 4. LOSS OF REFLEX
If Yes, which reflex _____ | YES | NO |
| 5. HYPER-REFLEXIA | YES | NO |
| 6. ATAXIA | YES | NO |
| 7. PLANTAR REFLEX | YES | NO |
| 8. CLONUS | YES | NO |

PLEASE BE AWARE THAT 90-95% OF REFERRALS TO NEUROSURGERY DO NOT REQUIRE SURGICAL INTERVENTION. NEUROSURGERY SPECIALTY IS A SURGICAL CLINIC.

HISTORY OF CURRENT CONDITION (OR ATTACH REFERRAL LETTER)

Date of Onset: _____

Pain Duration: (include pain score: Visual Analogue Scale 0 - 10)

Radicular Arm/Leg Pain _____

Neurological Involvement: _____

Current Medication: _____

Current/Previous Management for this Condition: _____

Many types of low back/leg pain and neck/arm pain will respond to a range of CONSERVATIVE treatments. In order to prevent acute pain becoming chronic, these conservative options should be explored first unless the involvement of neurological signs is more profound.

THE EXPECTATION IS THAT TREATMENTS HAVE BEEN TRIALLED AS PART OF THE MANAGEMENT HISTORY

TREATMENTS HAVE BEEN TRIALLED AND LENGTH OF TIME:

EXERCISE: YES/TIME: _____ NO

PHYSIOTHERAPY: YES/TIME: _____ NO

WEIGHT LOSS: YES/TIME: _____ NO

ANTI-INFLAMMATORY MEDICATION: NO

If YES: NAME/TIME FRAME: _____

OTHER: please specify: _____

FUNCTIONAL LIMITATION closest response:

WALKING: <100m 50—100m >500m

SITTING DURATION: < 5 mins 5—15 mins > 15 mins

SLEEP SIGNIFICANTLY DISTURBED: YES NO

BODY MASS INDEX _____