Neurosurgery Back and Neck Pain GP referral form

Fax: 9496 2097

Patient Details:

Name: Date of Birth: Austin UR (if known):
Address:
Phone: If interpreter required (specify language):

Referrer Details:

Name: Phone:
Practice Address:

Referral Details:

Reason for referral (include affected areas and symptom duration):

Q.1. Are there any referred/neurological symptoms? If YES, please provide detail. If NO, go to next question

Neurological Signs	Upper limb		Lower limb	
	RIght	Left	Right	Left
Referred pain				
Weakness				
Altered sensation				
Reflex				
Other				

Any additional information re neurological signs?

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Q.2. Urgent (red flags) symptoms? I If YES, please provide detail. If NO, go to next question

- ☐ History of cancer. Details (site/date diagnosed)………………………….…………
- ☐ Severe unremitting pain with nocturnal pain causing sleep disturbance
- ☐ Suspected ankylosing spondylitis/spinal inflammation
- ☐ Sudden onset bladder, bowel incontinence, saddle anaesthesia, whole leg weakness – suspect Cauda Equina

Suspected cauda equina syndrome, spinal infection, spinal malignancy or worsening neurological deficits should be immediately referred to the Emergency Department.

Q.3. Current / Previous Management.

- ☐ Physiotherapy/chiropractic/osteopathy
- ☐ Exercise rehabilitation
- ☐ Spinal injection. Details..
- ☐ Spinal surgery. Details..
- ☐ Analgesia
- ☐ NSAIDs
- ☐ TCA e.g. amitriptyline
- ☐ Pregabalin/Gabapentin
- ☐ Weak Opioids (Details) ....
- ☐ Strong Opioids (Details) ....
- ☐ Other ....

Q.4. Current / Previous Investigations

- ☐ X-ray *(minimum requirement)*
- ☐ CT scan
- ☐ MRI scan
- ☐ Bone scan
- ☐ Relevant blood tests

Please attach formal reports (e.g. CRP, ESR, HLA-B27). **Referrals without an imaging report attached will not be triaged**

Q.5. General Health/Social History

*Please complete or attach **current** medical history and medication list*