University Hospital Geelong
Neurosciences Department
Specialist Clinic Referral Guidelines

Barwon Health

Please refer to the Department of Statewide Referral Criteria for Specialist Clinics for further information when referring to Neurology (Neurosciences) specialist clinics in public hospitals.

Referrals

Referral to Victorian public hospitals is not appropriate for:

- Mild or tension headache
- Untreated typical migraine
- Isolated migraine in patients with an established diagnosis
- Chronic migraine already being managed by a neurologist
- Movement disorders that have already been assessed and have a current management plan
- An old stroke identified on imaging that has been previously addressed
- Age appropriate, asymptomatic deep white matter disease or T2-hyperintense lesions
- Chronic vascular risk factors without an acute transient ischaemic attack or stroke
- Primary prevention of vascular risk
- Patients with mild or brief orthostatic dizziness
- Dizziness due to a medicine, hypoglycaemia or chronic fatigue syndrome.

The following are not routinely seen in outpatient clinics at University Hospital Geelong:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age
  Neurosciences Specialist Clinic Referral Guidelines

Clinical information

1. determines the triage category
2. affects triage and the timeframe in which the patient is offered an appointment

Triage, Appointment Booking and Notification

The times to assessment may vary depending on which subspecialty is required

You and the patient will be notified when the referral is received.

Please refer to the Department of Statewide Referral Criteria for Specialist Clinics for further information when referring to Neurology specialist clinics in public hospitals.

Billing

All clinics offer an MBS-billed service. There is no out of pocket expense to the patient. MBS-billed services require a current referral – please provide your patient with a 12 month referral addressed to the specialist of your choice.

An indefinite referral will be accepted for known chronic neurological conditions

Note: your patient may be seen by another specialist or registrar in that clinic in order to expedite treatment.

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Telehealth

This service offers telehealth (video call) for some consultations where appropriate through the Barwon Health Telehealth website: https://www.barwonhealth.org.au/patients-visitors/telehealth2

Required referral details

Demographics

- Date of birth
- Patient's contact details including mobile phone number
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical information

- Reason for referral
- Duration of symptoms
- Relevant pathology and imaging reports
- Past medical history
- Current medications

Please fax your referral to University Hospital Geelong Neurosciences Department

4215 0757

University Hospital Geelong Outpatient Referral Form is available to print and fax or email

Note
The referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at University Hospital Geelong

Driving

Not undertaken in this clinic

- Routine driving assessments

Undertaken

- Commercial driver assessment related to seizures

Please refer to https://www.vicroads.vic.gov.au/licences/health-and-driving/medical-forms-and-fact-sheets

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Epilepsy and seizures

DHHS Statewide referral criteria apply to this condition.

Referral criteria

- Suspected seizure.
- New diagnosis of epilepsy (suspected or confirmed).
- Frequent seizures, particularly convulsive seizures.
- Planning for pregnancy or pregnancy with epilepsy.
- Advice on, or review of, epilepsy management plan including driving assessment for commercial drivers, changes to medicines, the management of epilepsy with concurrent conditions.

Referral Information

Information that **must** be provided:

- Onset, characteristics and frequency of seizures
- If the patient is pregnant.

Provide if available:

- Electroencephalogram results
- Neuroimaging results
- Current and complete medication history and recent therapeutic medication levels.

Note
Patients experiencing seizures despite trials of two antiepileptic medications should be referred for specialist assessment.

Direct to Emergency Department

➢ Seizure with:

- Focal deficit post-ictal
- Seizure associate with recent trauma
- Persistent severe headache > 1 hour post-ictal
- Seizure with fever.
- Prolonged or recurrent seizure (more than one in 24 hours) with incomplete recovery
- Persisting altered level of consciousness

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Headache

DHHS Statewide referral criteria apply to this condition.

Referral Criteria

- Chronic headache with concerning clinical signs
- Concerning features on neuroimaging (excluding age appropriate deep white matter)
- Severe frequent migraine impacting on daily activities (e.g. work, study, school or carer role) despite prophylactic treatment
- Chronic or atypical headache unresponsive to medical management (e.g. cluster headache, trigeminal neuralgia, medication overuse headache).

Referral Information

Information that **must** be provided:

- Onset, characteristics and frequency of headache
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Any medicines previously tried, duration of trial and effect
- Erythrocyte sedimentation rate and C-reactive protein for patient > 50 years, or if giant cell arteritis or vasculitis suspected
- Details of any previous neurosciences assessments or opinions.

Provide if available:

- Neuroimaging results.

Direct to Emergency Department

➢ Headache with:

- Sudden onset or thunderclap headache
- Severe headache with signs of systemic illness (fever, neck stiffness, vomiting, confusion, drowsiness, dehydration)
- Severe disabling headache
- Severe headache associated with recent head trauma
- Headache suggesting temporal arteritis (focal neurological symptoms, altered vision, elevated erythrocyte sedimentation rate and C-reactive protein in patients > 50 years of age.

Referral to a public hospital is not appropriate for

- Mild or tension headache
- Untreated typical migraine
- Isolated migraine in patients with an established diagnosis
- Chronic migraine already being managed by a neurologist.

Direct to Emergency Department

- Rapidly progressive neurological symptoms leading to weakness or imbalance.

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Motor weakness or paraesthesia

DHHS Statewide referral criteria apply for this condition.

Referral Criteria

- Focal neuropathy or plexopathy of unclear cause
- Suspected peripheral neuropathy
- Persistent, unexplained sensory symptoms
- Suspected or confirmed multiple sclerosis
- Suspected or confirmed motor neurone disease.

Referral Information

Information that **must** be provided:

- History of symptoms, including distribution and timing
- Current and previous imaging results
- Details of any previous neurosciences assessments or opinions.

Provide if available:

- Examination findings
- Any nerve conduction study results
- Full blood examination
- Liver function tests
- Fasting blood glucose level
- Erythrocyte sedimentation rate and C-reactive protein
- Thyroid stimulating hormone levels
- Vitamin B12 and folate test results
- Anti-double-stranded DNA test
- Protein electrophoresis of serum
- Syphilis, Hepatitis B, Hepatitis C or HIV results.

Additional comments

Note
Referrals for confirmed carpel tunnel syndrome should be directed to a surgical service.

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Movement disorders and dystonia

DHHS Statewide referral criteria apply for this condition.

Referral Criteria

- New or progressive tremor, non-essential tremor
- Suspected Parkinson's disease or movement disorder
- Motor or non-motor complications of Parkinson's disease leading to substantial disability.

Referral Information

Information that **must** be provided:

- History and description of abnormal movements, severity of symptoms and degree of functional impairment.

Provide if available:

- Liver function tests
- Full blood examination
- Thyroid stimulating hormone levels
- Previous investigations (e.g. nerve conduction study, electroencephalogram, CT or MRI of the brain).

Referral to a public hospital is not appropriate for

- Movement disorders that have already been assessed and have a current management plan.

Direct to Emergency Department

- Acute onset of a movement disorder e.g. severe ataxia, dystonia, hemiballismus
- Acute dystonic crisis
- Acute akinetic crisis
- Neuroleptic malignant syndrome
- Device-related infection in people with deep brain stimulator implants

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Stroke or transient ischaemic attack

DHHS Statewide referral criteria apply to this condition.

Referral Criteria

- Internal carotid stenosis (> 50%) on imaging with symptoms (excluding dizziness alone), more than two weeks after onset of symptoms
- Asymptomatic internal carotid stenosis > 70% on imaging
- An old stroke identified on imaging that has not been previously addressed.

Referral Information

Information that **must** be provided:

- Timing and severity of symptoms
- Neuroimaging results
- Vascular imaging results
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available:

- Full blood examination
- Liver function tests
- Fasting blood glucose level
- Fasting lipid profile
- Any echocardiogram or Holter monitor results
- International normalised ration (INR) > 1.5 in patients taking an anticoagulant medicine.

Note

Immediately contact the Stroke registrar to arrange an urgent neurological assessment for:

- Transient ischaemic attack(s) that has occurred more than 48 hours ago and within the last two weeks.

Direct to Emergency Department

- Transient ischaemic attack(s) in last 48 hours
- Multiple or recurrent transient ischaemic attack episodes in the last seven days
- Amaurosis fugax in last 48 hours
- Persistent neurological deficit.

Referral to a public hospital is not appropriate

- An old stroke identified on imaging that has been previously addressed
- Age appropriate, asymptomatic deep white matter disease or T2-hyperintense lesions
- Chronic vascular risk factors without an acute transient ischaemic attack or stroke
- Primary prevention of vascular risk.

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Vertigo

DHHS Statewide referral criteria apply for this condition.

Referral Criteria

- Chronic or episodic vertigo (e.g. suspected vestibular migraine)
- Vertigo with other neurological symptoms.

Referral Information

Information that **must** be provided:

- Onset, duration, characteristics and frequency of vertigo and associated symptoms.

Provide if available:

- Results of diagnostic audiology assessment
- Neuroimaging results
- Details of any previous neurosciences assessments or opinions
- Results of diagnostic vestibular physiotherapy assessment or Epley manoeuvre.

Description of any of the following:

- Functional impact of vertigo
- Any associated otological or neurological symptoms
- Any previous diagnosis of vertigo (attach correspondence)
- Any treatments (medication and other) previously tried, duration of trial and effect
- Any previous investigations or imaging results
- Hearing or balance symptoms
- History of middle ear disease or surgery.

History of any of the following:

- Cardiovascular problems
- Neck problems
- Neurological
- Auto immune conditions
- Eye problems
- Previous head injury.

Direct to Emergency Department

- Sudden onset debilitating vertigo where the patient is unsteady on their feet or unable to walk without assistance
- Sudden onset vertigo with other neurological signs or symptoms (e.g. dysphasia, hemiparesis, diplopia, facial weakness)
- Barotrauma with sudden onset vertigo.

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Referral to a public hospital is not appropriate for

- Patients with mild or brief orthostatic dizziness
- Dizziness due to a medicine, hypoglycaemia or chronic fatigue syndrome.

Dementia

Evaluation Key points

- Medical history
- Medications
- FBE, ESR
- U&E,Cr
- Ca++
- TFTs
- B12, red cell folate
- LFTs
- Random glucose
- CT or MRI Brain
- Syphilis serology.

Management

- Refer to Cognitive, Dementia and Memory Service (CDAMS) at McKellar Centre.
- This is a multidisciplinary, specialist diagnostic service for patients with previously undiagnosed memory loss/cognitive problems.
- Appointments can be made through Barwon Health Information and Access
- Fax: 03 4215 7795

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Multiple sclerosis and Neuro-immune disorders

Evaluation **Key points**

- Medical history, including details of rapidly deteriorating neurological deficits or psychosocial issues
- Medications to date
- FBE
- U&E, Cr
- LFTs
- Vaccination history
- CT or MRI Brain if available – please provide both images and reports.

Management

Refer to the Multiple Sclerosis and Neuro Immunology Clinic

Direct to Emergency Department

- Acute focal neurological or visual deficits
- Headache with papilloedema or disc swelling.

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Neuro-ophthalmology

Evaluation Key points

- Medical history
- Past ophthalmology history including any past documented visual acuities
- FBE
- U&E, Cr
- ESR
- CRP
- HbA1c if available
- CT or MRI Brain if available – please provide both images and reports.

Management

- If not acute, refer to the Neuro-ophthalmology Clinic.

Direct to Emergency Department

- Acute visual loss in person > 60 years of age
- Also commence Prednisolone 1mg/kg orally
- Acute papilloedema
- Unexplained acute or subacute loss of vision < 60 years of age
- Acute double vision
- Acute onset if irregular pupils.