

ALL Suffolk Pre-Referral Guidance Non Headache - Neurology

Please complete this form and attach any investigations (see below) and submit via E-Referral-ALL-CAS Neurology IHT

Patient Information		GP Information	
Name	no data no data	Referring GP	no data
Address	no data	Practice	no data
Tel (Home)	no data	Practice Address	no data
Tel (Mob)	no data	Practice Tel	no data
DOB	no data	Practice Fax	no data
NHS No	no data	Practice Email	no data
Gender	no data	Usual GP	no data
Ethnicity	no data	Referral Date	no data

Please tick the reason for referral and confirm that the pre-referral tasks have been completed

SUSPECTED SEIZURE – Urgent NICE CG137 (2012) Epilepsies NICE CG109 (2010) Blackouts	
<p>Most patients who collapse have not had a seizure. The diagnosis is a clinical judgement based almost entirely on the history, ideally with a witness account. A good history of Posture, Provocation, & Prodrome (the 3 P's) plus a normal examination usually indicates vasovagal syncope – see <i>cardiology – syncope & blackouts pathway</i></p> <p><i>Conventional red flags for a seizure including head turning or abnormal posturing during the attack, limb jerking, and urinary incontinence can all be seen in vasovagal syncope. Stronger red flags include tongue biting on the side (not the tip), prolonged recovery, and posterior shoulder dislocation.</i></p>	
If referring to neurology for a suspected seizure, please include:	
History of attack, with witness account if available	<input type="checkbox"/>
Examination findings including fundoscopy & BP	<input type="checkbox"/>
Results of recent routine blood tests(FBC, U&Es, glucose, calcium, LFTs) & 12 lead ECG	<input type="checkbox"/>
Confirmation that the patient has been told not to drive and that if a seizure is confirmed that they should expect to be off driving for 6 months (single seizure)	<input type="checkbox"/>
If referring to Neurology for pain tingling & numbness please include:	
Either – pain, tingling & numbness in the hand - CTS (refer to MSK) has been excluded (include NCS result)	<input type="checkbox"/>
Or pain, tingling & numbness elsewhere – please give details, consider NCS first	<input type="checkbox"/>
PAIN / TINGLING / NUMBNESS Routine For carpal tunnel see NICE Clinical Knowledge Summary 2012 - CTS	
<p>The commonest cause of pain, tingling & numbness in the hand is carpal tunnel syndrome (CTS)</p> <p>The diagnosis is generally clinical (worse at night, often with normal examination; Phalen's/Tinel's tests are notoriously unreliable & thenar wasting is only seen in severe cases), but when in doubt nerve conduction studies (NCS) are helpful to confirm CTS and exclude a generalised neuropathy</p> <p>Nerve conduction studies can be requested directly from primary care using the referral form on SystemOne or EMIS Web - no need to refer to neuro OP first!</p> <p><i>CTS can be managed in primary care – wrist splints at night or a local steroid injection may provide good short term relief, although the definitive treatment is decompression (as per local MSK pathway)</i></p>	
OTHER PROBLEM OF A NEUROLOGICAL NATURE:	<p>E.g. motor weakness, gait disturbance, giddiness / vertigo, double vision, cognitive & behavioural change, review of previously diagnosed condition (MS, epilepsy, PD etc), others</p> <p>Clear history, relevant examination findings and a question to answer.</p>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Clinical Indication/Problem/Additional treatments already undertaken
<input type="checkbox"/>	<p>Mental capacity</p> <p><i>Please specify if patient is unable to consent for themselves, who the next of Kin is and if the next of Kin accompanies the patient to any tests or clinic appointments</i></p>

<input type="checkbox"/>	Language Barriers <i>Please specify the language spoken by patient and whether there is a need for an interpreter. If patient cannot read or write, again please specify.</i> Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/> (if Yes – please specify language)
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Has the patient been referred for	<input type="checkbox"/> weight management?	<input type="checkbox"/> smoking cessation?
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BMI: no data	Height: no data	Weight: no data
BP: no data	Smoking Status:	Alcohol – units per week: no data

<input checked="" type="checkbox"/>	Past Medical History/Co-Morbidities (See below)	
<input checked="" type="checkbox"/>	Acute Medication Issued in last 90 days (See below)	Currents include
	Current Repeat Templates (See below)	
<input checked="" type="checkbox"/>	Allergies & Sensitivities (See below)	

Patient Name:
Title and Surname: no data
Forename: no data

DOB: no data

Allergies: no data

PMH: no data

Medication:
Acute Medication
 no data

Current Repeat Templates
 no data