HealthPathways Melbourne | The Royal Melbourne Hospital | phn North Western Melbourne — An Australian Government Initiative

Royal Melbourne Hospital Spinal Referral Form

Fax: 9342 4234

Patient Details:

Name: Date of Birth: *RMH UR (if known):*

Address: ☐ TAC ☐ WorkCover Number:.....

Phone: If interpreter required (specify language):

Referrer Details:

Name: Phone:

Practice Address:

Referral Details:

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

Preferred Service: ☐ Back pain Assessment Clinic (BAC) ☐ Neurosurgery ☐ Orthopaedics ☐ Rheumatology ☐ Multidisciplinary Pain Service

Please tick all relevant boxes

Q.1. Any referred/ neurological symptoms?

☐ **Yes** →

☐ **No** *Next Question*

	Upper Limb		Lower Limb		Additional Information
	Right	Left	Right	Left	
☐ Referred pain	☐	☐	☐	☐	
☐ Limb Weakness	☐	☐	☐	☐	
☐ Abnormal sensation	☐	☐	☐	☐	
☐ Abnormal reflex	☐	☐	☐	☐	
☐ Abnormal tone	☐	☐	☐	☐	

Q.2. Urgent (red flags) symptoms:

☐ **Yes** →

☐ **No** *Next Question*

☐ History of cancer. Details (site/date diagnosed).....

☐ Severe unremitting pain with nocturnal pain causing sleep disturbance

☐ Suspected ankylosing spondylitis/spinal inflammation

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 .....
- ☐ Strong Opioids .....
- ☐ Other .....

Q.4. Current / Previous Investigations

☐ X-ray *(minimum requirement)*

☐ CT scan

☐ MRI scan

☐ Bone scan

☐ Relevant blood tests

Please attach formal reports

(Referrals without a imaging report attached will <u>not</u> be triaged)

(e.g. CRP, ESR, HLA-B27)

Q.5. General Health/ Social History

*Please complete or attach **<u>current</u>** medical history and medication list*

SPINAL REFERRAL FORM

OP7E

ITEM: 42933
CR: 05/48
VER: 05/18

For advice on the assessment and management of back pain and sciatica, please refer to the **Low Back Pain in Adults Pathway** at https://melbourne.healthpathways.org.au

The pathway covers:

- Assessment - includes recognising red flags and yellow flags
- Management - patient education, self-management strategies, guidance on non-pharmacological and pharmacological options for pain relief, when and where to refer patients for specialist care
- Links to useful clinical resources and patient information
- defines inclusion/exclusion criteria for relevant services

Please go to https://www.thermh.org.au/health-professionals/clinical-services/back-pain-assessment-clinic-bac-service if you wish to obtain electronic versions of this form for your practice software. Versions are available for:

- **ZedMed**
- **Best Practice**
- **Medical Director**