

Monash Health Referral Guidelines

(Incorporating Statewide Referral Criteria)

NEUROLOGY

EXCLUSIONS

Services not offered by Monash Health

- Patients under 18 years of age: [Click here](#) for Monash Children's Neurology guidelines
- Patients requiring Deep Brain Stimulation (DBS)
- Requests **for investigative tests** to be sent to:
Email: neuropsychology@monashhealth.org

CONDITIONS

[Epilepsy and seizures](#)

[Friedreich Ataxia](#)

[General Neurology](#)

[Headache](#)

[Movement disorders and dystonia](#)

[Multiple Sclerosis](#)

[Neuro-ophthalmology](#)

[Neurophysiology](#)

[Stroke or transient ischaemic attack](#)

[Motor weakness or paraesthesia](#)

[Vertigo \(Neurology\)](#)

See also: [Vertigo \(ENT\)](#)

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral**.

EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of unit:
A/Prof Henry Ma

Program Director:
Prof William Sievert

Last updated:
05/03/2020

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NEUROLOGY

REFERRAL

How to refer to
Monash Health

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Accurate and appropriately detailed description of the clinical history and examination, especially neurological signs
Duration of symptoms
Management to date and response to treatment
Results of investigations
Past medical history
Current medications and medication history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines



[Click here](#) to download the outpatient referral form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals contact on call Neurology Registrar via the Monash Health switchboard on: (03) 9594 6666

General enquiries

Phone: (03) 9594 2240

Email

neurologyreception@monashhealth.org

Submit a fax referral

Fax referral form to Specialist Consulting Services: 9594 2273

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EPILEPSY AND SEIZURES

WHEN TO REFER?

DHHS [Statewide referral criteria](#) apply for this condition

Criteria for referral to public hospital specialist clinic services

- 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.

Information to be included in the referral

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.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service

Referral to a public hospital is not appropriate for

Not applicable.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

[Epilepsy in adults](#)

[Epilepsy in Women and Pregnancy](#)

[First seizure in adults](#)

HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Direct to an emergency department for:

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

FRIEDREICH ATAXIA

WHEN TO REFER?

Initial GP Work Up

- Confirm molecular diagnosis of Friedreich ataxia
- Accurate clinical assessment and description
- Age at diagnosis (if known)
- Relevant pathology, including recent random blood glucose, HbA1C, fasting lipids (cholesterol), Vitamin D and iron studies
- Recent imaging and/or cardiology reports
- Past medical history
- Current medications
- Adverse reactions

Urgent

Recent diagnosis of Friedreich ataxia. Contact A/Professor Louise Corben on **(03) 8341 6228** or louise.corben@mcri.edu.au to discuss referral.

Routine

Long standing > 2 years since diagnosis with Friedreich ataxia. Contact A/Professor Louise Corben on **(03) 8341 6228** or louise.corben@mcri.edu.au to discuss referral.

Management Options for GP

N/A

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GENERAL NEUROLOGY

WHEN TO REFER?

Initial GP Work Up

- Accurate clinical assessment and description
- Reason for referral
- Duration of symptoms
- Relevant pathology and imaging reports
- Past medical history
- Current medications
- Adverse reactions

Management Options for GP

- Investigation and diagnosis, evaluation and referral at correct level of urgency
- Patients with onset of new or rapid progression within the last 6 months will be given priority over chronic patients.
- If diagnostic imaging has been performed, please ensure the patient brings the images (either on film or CD) to their appointment.

Emergency

If neuro-imaging is abnormal, contact the Neurology Registrar on call via (03) 9594 6666 to verify whether acute assessment and intervention is required.

- Headache with 'alerts' (see [headache](#))
- Suspected spinal cord compression
- Acute and sudden onset of prominent weakness (Guillain Barre Syndrome)

Urgent

- New onset severe sciatica or brachialgia with pain radiating below the knee or into the hand respectively
- New onset or uncontrolled trigeminal neuralgia
- Brachial neuritis
- Frequent blackouts
- New headache in patients over 50 years of age
- If neuro-imaging is abnormal, contact the Neurology Registrar on call via (03) 9594 6666 to verify whether acute assessment and intervention is required.

Routine

Peripheral neuropathy

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HEADACHE

WHEN TO REFER?

DHHS [Statewide referral criteria](#) apply for this condition**Criteria for referral to public hospital specialist clinic services**

- 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).

Information to be included in the referral

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 neurology assessments or opinions.

Provide if available:

- Neuroimaging results.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service

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.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

[Headache in adults](#)**HealthPathways**

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Direct to an emergency department for:

- 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).

MOVEMENT DISORDERS AND DYSTONIA

WHEN TO REFER?

DHHS [Statewide referral criteria](#) apply for this condition

Criteria for referral to public hospital specialist clinic services

- 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.

Information to be included in the referral

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).

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The referral should note if the request is for a second or subsequent opinion.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

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

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

[Parkinson's Disease](#)

HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Direct to an emergency department for:

- 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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MULTIPLE SCLEROSIS

WHEN TO REFER?

Initial GP Work Up

- Accurate clinical assessment and description
- Medical history, including details of rapidly deteriorating neurological deficits or psychosocial issues
- Medications to date
- FBE
- U&E, Creatinine
- LFT's
- Vaccination history
- CT or MRI brain if available – please provide both images and reports

Management Options for GP

N/A

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

[Multiple Sclerosis \(MS\)](#)

HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Consider IMMEDIATE referral – phone the Neurology Registrar on (03) 9594 6666 for:

- Acute relapse of multiple sclerosis or neuroimmune disease with motor, cerebellar or visual deficit
- Patient with MS or a neuroimmunological condition with a suspected opportunistic infection

Urgent

Evidence of new or enhancing lesions on MRI in patients with MS on disease modifying treatment – refer to Neurology Registrar on call (03) 9594 6666

Routine

Stable multiple sclerosis

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NEURO-OPHTHALMOLOGY

WHEN TO REFER?

Initial GP Work Up

- Accurate clinical assessment and description
- Medical history
- Past ophthalmological history including any past documented visual acuities
- FBE
- U&E, Creatinine
- ESR
- CRP
- HbA1c if available
- CT or MRI brain and orbit if available – please provide both images and reports

Management Options for GP

N/A

Emergency

Consider IMMEDIATE referral – contact the Neurology Registrar on (03) 9594 6666 for:

- Sudden or rapidly progressive loss of vision
- Acute papilloedema
- Acute double vision
- Acute onset anisocoria (unequal pupil size)

Urgent

- Newly diagnosed papilloedema
- Fluctuating double vision with ptosis
- Unexplained bitemporal hemianopia

Refer to Neurology Registrar on (03) 9594 6666

Routine

- Long standing double vision
- Chronic visual loss

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NEUROPHYSIOLOGY

WHEN TO REFER?

Initial GP Work Up

- Accurate clinical assessment and description
- Medical history
- Medications, alcohol intake
- Spinal imaging if necessary
- FBE
- U&E, Creatinine
- ESR
- CRP
- HbA1c if available

Management Options for GP

Trial of neuropathic agents for painful peripheral neuropathy

Emergency

If symptoms are rapidly progressing, contact the Neurology Registrar on call via (03) 9594 6666 to verify whether acute assessment and intervention is required.

Urgent

- New, progressive symptoms within last 3 months
- New weakness in lower limbs or hands due to unclear cause within 3 months.

Routine

- Peripheral neuropathy
- Carpal tunnel syndrome

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STROKE OR TRANSIENT ISCHAEMIC ATTACK**WHEN TO REFER?****DHHS [Statewide referral criteria](#) apply for this condition****Criteria for referral to public hospital specialist clinic services**

- 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.

Information to be included in the referral

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.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

- 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.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

[Stroke](#)**[Transient Ischaemic Attack \(TIA\)](#)****HealthPathways**

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Direct to an emergency department for:

- 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.

Immediately contact the neurology registrar to arrange an urgent neurology assessment for:

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

MOTOR WEAKNESS OR PARAESTHESIA**WHEN TO REFER?****DHHS [Statewide referral criteria](#) apply for this condition****Criteria for referral to public hospital specialist clinic services**

- 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.

Information to be included in the referral

Information that **must** be provided:

- History of symptoms, including distribution and timing
- Current and previous imaging results
- Details of any previous neurology 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

The [Summary and referral information](#) lists the information that should be included in a referral request.

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

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for
Not applicable.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

[Peripheral Neuropathy](#)
[Motor Neurone Disease](#)

HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Direct to an emergency department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance.

VERTIGO (NEUROLOGY)**WHEN TO REFER?****DHHS [Statewide referral criteria](#) apply for this condition****Criteria for referral to public hospital specialist clinic services**

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

Information to be included in the referral

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 neurology 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.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Note: there are also cardiology statewide referral criteria for [Syncope or pre-syncope](#) and ENT statewide referral criteria for [Vertigo](#).

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Continued over page

Emergency

Direct to an emergency department for:

- 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.

VERTIGO (NEUROLOGY) Continued



WHEN TO REFER?

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.

[SEMPHN Pathways](#)

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

[Vertigo \(Dizziness\)](#)

[HealthPathways](#)

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

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