

St Vincent's Health Spine Assessment and Management Service Referral Form



Phone 9231 3475 Fax 9231 3489

This assessment form must be fully completed and sent with your referral letter

Patient Name: _____ DOB: _____ Address: _____

6. Are there any signs of neurological involvement?

Clonus	Yes	No
Plantar reflex (do toes go up?)	Yes	No
Ataxia	Yes	No
Hyperreflexia	Yes	No
Asymmetrical reflex loss	Yes	No

Acute urinary/bowel dysfunction (within 1 month) Yes No

Weakness (please list weakness groups):

Any other relevant signs/symptoms?

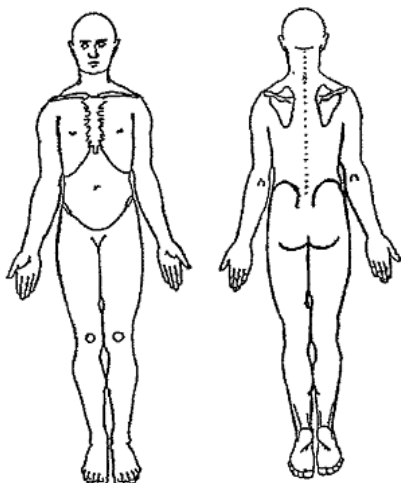
1. Your referral letter needs to include the following:
(this form does NOT replace the referral letter)

- Reason for referral/working diagnosis
- Medical history
- Current Medications
- Current management & response to this
- Imaging and other relevant investigations
Attach report(s), and request patient to bring imaging to appointment

2. Is the patient's body mass index (BMI) greater than 40 kg/m²?

Yes No

3. Please indicate the area(s) of symptoms:



7. Have conservative treatment/management options been trialled?

Exercise	Yes	No
Physiotherapy/hydrotherapy	Yes	No
Weight Loss (if applicable)	Yes	No
Analgesia	Yes	No

Other (please list):

8. Functional Limitations

Walking duration <100 100-150m >500
 Sitting duration? <5min 5-15mins >15mins
 Is sleeping significantly disturbed? Yes No

4. Has the patient been referred to another health service for assessment of this spinal problem?
Yes No

5. Is the patient willing to have surgery if indicated?
Yes No

9. Has the patient had spinal surgery within Victoria in the past? (Yes / No)

If yes:
 Date of surgery: _____
 Hospital: _____ Surgeon: _____
 Procedure performed: _____

If any part of this referral form is incomplete your referral may be rejected and returned to you for further information

Explanatory Keys for Referral Form

Ask patient to describe the area of pain as accurately as possible, and then shade this area on the body chart. This helps to identify different causes of pain by identifying if pain has a more typical dermatome or not.

Please describe cause (if any) and approximate date of onset. Indicate if it has progressively worsened.

The patient's BMI assist in determining the most appropriate management. (BMI – (weight (kg)/height (m)²).

Please ensure that the patient has both films and reports of any investigations available to bring to their appointment.

Signs of Neurological Involvement

Clonus is a series of involuntary muscular contractions due to sudden stretching of the muscle. Clonus is a sign of certain neurological conditions, and is particularly associated with upper motor neuron lesions. Clonus is most common in the ankles, where it is tested by rapidly flexing the foot upward (dorsiflexion). Only sustained clonus (5 beats or more) is considered abnormal.

The plantar reflex is examined by firmly drawing or scraping a blunt instrument along the lateral sole of the foot and observing the movement of the toes. A normal response is a downward (flexed) movement or no movement. If the toes move upwards this is considered abnormal and is a sign of upper motor neuron damage.

Ataxia is a gross lack of coordination of muscle movements. This may be evident in hand-eye coordination or by gait dysfunction (wide stance, poor imbalance, short stride length).

Hyperreflexia is defined as overactive or over responsive reflexes. Examples of this can include twitching or spastic tendencies, which are indicative of upper motor neuron disease as well as the lessening or loss of control ordinarily exerted by higher brain centres of lower neural pathways (disinhibition). Loss of a reflex indicates a potential lower motor neuron damage.

Bladder and bowel dysfunction can occur as a result of cord or cauda equina damage. Signs of incontinence and loss of control, particularly when associated just prior or soon after the onset of neck or back pain may be significant indicators of neurological damage.

Sensory loss and motor weakness can indicate both cord (myelopathic) or nerve root (radicular) compression. The pattern of loss indicates the type and extent of neurological damage. The patient may describe weakness of a muscle group (i.e. dorsiflexors of foot) or more general nature. Similarly sensory loss may relate to a prescribed area supplied by a particular nerve

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