**NEUROLOGY HOT CLINIC: OPEN ACCESS REFERRAL FORM**

**1. If FAST +ve and symptomatic: send to ED via ambulance**

**2. If suspected TIA: please refer using TIA clinic proforma**

**3. If suspected ‘first fit’: please refer to first fit clinic**

**4. If suspected cancer: please refer via TWR**

**Please refer to the exclusion criteria listed overleaf before submitting this referral**

**Please email completed referral forms to**NeurologyRapidAccess@stgeorges.nhs.uk

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| **GP Details, including ‘nhs.net’ email address**: | **Nature and onset of Neurological Symptoms**:**Please state explicitly when/how the patient first became aware of their symptoms. Please include an account of any symptom evolution in the intervening period**. |
| **Patient’s details****Name**:**DOB**: **NHS number**:**Address**: **Mobile Number**: | **Physical Findings****Walking:** **[ ]** independent [ ] requires an aid [ ] WC-bound**Speech:** **[ ]** normal**[ ]** dysarthria [ ] dysphonia [ ] dysphasia**Pattern of weakness (if any):** [ ] Unilateral [ ] Bilateral [ ] Proximal [ ] Distal[ ] Monoparesis [ ] Hemiparesis [ ] Quadriparesis**Cerebellar signs present:** [ ] YES [ ] NO**Deep tendon reflexes present:** [ ] YES [ ] NOPlease specify which reflexes are absent:  |
| **Preferred Language**:Is an interpreter required? [ ] YES [ ] NO | **Is transport needed**? [ ] YES[ ] NO |
| **Has this patient seen any other specialist, including a neurologist, for these or similar symptoms, either recently or in the past?** [ ] **YES** [ ] **NO****If yes, please supply copies of the relevant clinic correspondence with this referral** |
| **Has this patient ever attended the ED for their current symptoms?** [ ] **YES** [ ] **NO** **If yes, please supply a copy of the ED discharge summary with this referral**  |
| **Please add any other relevant clinical details in the space provided below** **Please include a full GP health summary with this referral** |
| **Please review the exclusion criteria before submitting this referral:** 1. **ANY** neurosurgical emergency (e.g., cauda equina, suspected SAH)
2. New-onset and rapidly evolving quadriparesis (e.g., GBS, myasthenia gravis)
3. Rapid cognitive decline/encephalitis/incident psychosis
4. Suspected neurological cancer/tumour (refer via two-week rule)
5. Previously diagnosed chronic neurological disorder (e.g., Parkinson’s disease, multiple sclerosis) with a probable medical decompensation (e.g., intercurrent infection)
6. Suspected TIA (refer via TIA pathway)
7. Chronic headache (i.e., headaches for > 3 months) unless otherwise recommended within the SWL headache pathway
8. Known MS with suspected MS relapse (refer to local MS relapse clinic)
9. Known Functional Neurological Disorder with deterioration in pre-existing neurological symptoms

***Please consider discussing pertinent cases meeting the criteria above with the relevant admitting specialty in your local district hospital.*** There are no specific inclusion criteria for this clinic, but suitable referrals would include patients with rapidly progressive focal neurological deficit over days to weeks, new onset rapidly progressive gait disturbance, suspected first presentation of MS, cluster headache. **Potential cases can be discussed with the acute neurology consultants (Dr Kuven Moodley or Dr Pablo Garcia-Reitboeck) via Kinesis if necessary.** **THIS CLINIC WILL NOT ACCEPT REFERRALS FROM PRIMARY CARE PROVIDERS OUTSIDE OF MERTON OR WANDSWORTH** |
| **Your referral will be triaged by a consultant neurologist into one of the following categories:** Green status: referral rejected;patient will receive an offer for a routine general appointmentOrange status: referral accepted; patient will receive an offer for appointment within 14 daysRed status: referral accepted; patient will receive an offer for appointment within 5 days**Note: in rare circumstances, a referral may be rejected altogether with advice to redirect your referral to another service.** |
| **Please include a full GP health summary with this referral**  |