**Referrals**

GPs please refer via eRS to the following service:

[Neurology - Headache Community Advice Group @ St George's University Hospital - RJ7](https://nww.ebs.ncrs.nhs.uk/main)

**Headache Service**

**Neurology Department**St George’s University Hospitals  
NHS Foundation Trust  
Blackshaw Road  
London  
SW17 0QT

**Stgh-tr.neuro@nhs.net**

**Community Migraine Advice Clinic**

**Referral Form**

|  |  |
| --- | --- |
| **Patient information** | |
| Surname | Date of referral |
| First Name | Date of Birth |
| Title | NHS Number or St George’s Hospital Number |
| Address |
| Mobile number |
| Home Telephone |

**Unfortunately we cannot accept patients who need an interpreter.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral information** | **Clinician Name** | **Department /GP Practice** | **Contact details** |
| GP Practice (please tick) |  |  |  |
| Hospital |  |  |  |

|  |  |
| --- | --- |
| **Diagnosis (please tick)** | **Frequency (please tick)** |
| Migraine without Aura | Low frequency (under 8 days/month) |
| Migraine with Aura | High frequency (over 8 days/month) |
| Vestibular Migraine | Unknown |
| Migraine & Medication Overuse Headache | |

By making this referral I confirm that a positive diagnosis of migraine has been made and that red flags have been excluded.

For further information on headache referral guidelines, see: <http://pathways.nice.org.uk/pathways/headaches#content=view-node%3Anodes-assessment>

**Please attach the patient’s Past Medical History and Drug History with this referral**