Royal Adelaide Hospital – GP referral to Spinal Outpatient Services

Government of South Australia
SA Health

# Referral form

| RAH patient UR number | | Date |
|---|---|---|
| **Personal information (please print clearly)** | | |
| Mr/Mrs/Miss/Ms/Dr/Prof Surname | | |
| Given names | | |
| Previous surnames | | |
| Date of birth | Interpreter required yes / no | Language |
| Address | | |
| | | |
| | | Postcode |
| Tel (home) | Tel (work) | Mobile |

| General practitioner details | |
|---|---|
| Name | |
| Clinic | |
| Address | |
| | Postcode |
| Tel | Fax |
| Email | |
| Signature | |

# Royal Adelaide Hospital – GP referral to Spinal Outpatient Services

**Patient Name:**

| Clinical information | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Spinal area** | Cervical | | Thoracic | | Lumbar | | | | |
| **Symptom duration** | 0-6 weeks | | 6-12 weeks | | 3-9 months | | 9-18 months | | >18 months | |

| Clinical assessment | | Pathology | | Radiology | |
|---|---|---|---|---|---|
| Midline pain, neck or back | | Degenerative arthritis | | Moderate canal stenosis | |
| Pain/numbness – arm or leg | | Low impact trauma | | Severe canal stenosis | |
| Neurogenic claudication | | High impact trauma | | Foraminal narrowing | |
| Focal myotomal weakness – arm/leg | | Congenital | | Root compression | |
| Numbness, perianal and both legs | | Infection | | Spondylolisthesis | |
| Myelopathy or spasticity | | Neoplastic benign | | Instability | |
| *None of the above* | | Neoplastic malignant | | Deformity | |
| | | *None of the above* | | Spinal cord compression | |
| | | | | Cord signal change/syrinx | |
| | | | | *None of the above* | |

| Previous spinal injections | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Intervention:** | Epidural | | Nerve block | | Facet joint | | |
| **Response:** | Nil | | Short term | | Sustained | | |
| **Provisional diagnosis** | | | | | | | |

| **Investigations** – please attach copies of all relevant specialist reports, X-rays etc<br>☐ Scans attached | **Pain medications used** | | | | | |
|---|---|---|---|---|---|---|
| | Simple analgesics | | Opioids | | Neuropathic agents | |

| **Relevant past medical history** | **Office use only (triage)** | |
|---|---|---|
| ☐ Please indicate if additional reports are attached | Clinical score | |
| | Category | |
| | Date | |
| | Signature | |
| | Name and designation | |