

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<b>Epilepsy and seizures</b>	<ul style="list-style-type: none"> <li>• Seizure with:                             <ul style="list-style-type: none"> <li>○ Focal deficit post-ictally</li> <li>○ Seizure associated with recent trauma</li> <li>○ Persistent severe headache &gt; 1 hour post-ictally</li> <li>○ Seizure with fever</li> </ul> </li> <li>• Prolonged or recurrent seizure (more than one in 24 hours) with incomplete recovery</li> <li>• Persisting altered level of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected seizure</li> <li>• New diagnosis of epilepsy (suspected or confirmed)</li> <li>• Frequent seizures, particularly convulsive seizures</li> <li>• Planning for pregnancy or pregnancy with epilepsy</li> <li>• Advice on, or review of, epilepsy management plan including driving assessment for commercial drivers, changes to medicines, the management of epilepsy with concurrent conditions.</li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>• Onset, characteristics and frequency of seizures</li> <li>• If the patient is pregnant</li> </ul> <p><b>Desirable</b></p> <ul style="list-style-type: none"> <li>• Electroencephalogram results (EEG)</li> <li>• Neuroimaging results</li> <li>• Current and complete medication history and recent therapeutic medication levels</li> </ul>	N/A
<b>Headache</b>	<ul style="list-style-type: none"> <li>• Headache with:                             <ul style="list-style-type: none"> <li>○ Sudden onset or thunderclap headache</li> <li>○ Severe headache with signs of systemic illness (fever, neck stiffness, vomiting, confusion, drowsiness, dehydration)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Chronic headache with concerning clinical signs</li> <li>• Concerning features on neuroimaging (excluding age appropriate deep white matter)</li> <li>• Severe frequent migraine impacting on daily activities (e.g. work, study,</li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>• Onset, characteristics and frequency of headache</li> <li>• Current and complete medication history (including non-prescription medicines, herbs and supplements)</li> <li>• Any medicines previously</li> </ul>	<ul style="list-style-type: none"> <li>• Mild or tension headache</li> <li>• Untreated typical migraine</li> <li>• Isolated migraine in patients with an established diagnosis</li> <li>• Chronic migraine</li> </ul>

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	<ul style="list-style-type: none"> <li>○ Severe disabling headache</li> <li>○ Severe headache associated with recent head trauma</li> </ul>	<p>school or carer role) despite prophylactic treatment</p> <ul style="list-style-type: none"> <li>● Chronic or atypical headache unresponsive to medical management (e.g. cluster headache, trigeminal neuralgia, medication overuse headache)</li> </ul>	<p>tried, duration of trial and effect</p> <ul style="list-style-type: none"> <li>● Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) for patient &gt; 50 years, or if giant cell arteritis or vasculitis suspected</li> </ul> <p><b>Desirable</b></p> <ul style="list-style-type: none"> <li>● Neuroimaging results</li> </ul>	<p>already being managed by a neurologist</p>
<p><b>Motor weakness or paraesthesia</b></p>	<ul style="list-style-type: none"> <li>● Rapidly progressive neurological symptoms leading to weakness or imbalance</li> </ul>	<ul style="list-style-type: none"> <li>● Focal neuropathy or plexopathy of unclear cause</li> <li>● Suspected peripheral neuropathy</li> <li>● Persistent, unexplained sensory symptoms</li> <li>● Suspected or confirmed multiple sclerosis</li> <li>● Suspected or confirmed motor neurone disease</li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>● History of symptoms, including distribution and timing</li> <li>● Current and previous imaging results</li> <li>● Details of any previous neurology assessments or opinions</li> </ul> <p><b>Desirable</b></p> <ul style="list-style-type: none"> <li>● Examination findings</li> <li>● Any nerve conduction study results</li> <li>● Full blood examination</li> <li>● Liver function tests</li> <li>● Fasting blood glucose</li> </ul>	<p>N/A</p>

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			level <ul style="list-style-type: none"> <li>• Erythrocyte sedimentation rate and C-reactive protein</li> <li>• Thyroid stimulating hormone levels</li> <li>• Vit B12 and folate test results</li> <li>• Anti-double-stranded DNA test</li> <li>• Protein electrophoresis of serum</li> <li>• Syphilis, Hepatitis B, Hepatitis C or HIV results</li> </ul>	
<b>Movement disorders and dystonia</b>	<ul style="list-style-type: none"> <li>• Acute onset of a movement disorder e.g severe ataxia, dystonia, hemiballismus</li> <li>• Acute dystonic crisis</li> <li>• Acute akinetic crisis</li> <li>• Neuroleptic malignant syndrome</li> <li>• Device related infection in people with deep brain stimulator implants</li> </ul>	<ul style="list-style-type: none"> <li>• New or progressive tremor, non-essential tremor</li> <li>• Suspected Parkinson’s disease or movement disorder</li> <li>• Motor or non-motor complications of Parkinson’s disease leading to sustained disability</li> </ul>	<b>Mandatory</b> <ul style="list-style-type: none"> <li>• History and description of abnormal movements, severity of symptoms and degree of functional impairment</li> </ul> <b>Desirable</b> <ul style="list-style-type: none"> <li>• Liver function tests</li> <li>• Full blood examination</li> <li>• Thyroid stimulating hormone levels</li> <li>• Previous investigations (e.g. nerve conduction</li> </ul>	<ul style="list-style-type: none"> <li>• Movement disorders that have already been assessed and have a current management plan</li> </ul>

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			study, electroencephalogram, CT or MRI of the brain)	
<b>Stroke or transient ischaemic attack</b>	<ul style="list-style-type: none"> <li>• Transient ischaemic attack(s) in last 48 hours</li> <li>• Multiple or recurrent transient ischaemic attack episodes in the last 7 days</li> <li>• Amaurosis fugax in last 48 hours</li> <li>• Persistent neurological deficit</li> <li>• Transient ischaemic attack(s) that has occurred more than 48 hours ago and within the last 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Internal carotid stenosis (&gt;50%) on imaging with symptoms (excluding dizziness alone), more than 2 weeks after onset of symptoms</li> <li>• Asymptomatic internal carotid stenosis &gt;70% on imaging</li> <li>• An old stroke identified on imaging that has not been previously addressed</li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>• Timing and severity of symptoms</li> <li>• Neuroimaging results</li> <li>• Vascular imaging results</li> <li>• Current and complete medication history (including non-prescription medicines, herbs and supplements)</li> </ul> <p><b>Desirable</b></p> <ul style="list-style-type: none"> <li>• Full blood examination</li> <li>• Liver function tests</li> <li>• Fasting blood glucose level</li> <li>• Fasting lipid profile</li> <li>• Any echocardiogram or Holter monitor results</li> <li>• Internation normalised ration (INR) &gt;1.5 in patients taking an anticoagulant medicine</li> </ul>	<ul style="list-style-type: none"> <li>• An old stroke identified on imaging that has been previously addressed</li> <li>• Age appropriate asymptomatic deep white matter disease of T2-hyperintense lesions</li> <li>• Chronic vascular risk factors without an acute transient ischaemic attack or stroke</li> <li>• Primary prevention of vascular risk</li> </ul>
<b>Vertigo (Neurology)</b>	<ul style="list-style-type: none"> <li>• Sudden onset debilitating vertigo</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic or episodic vertigo (e.g. suspected vestibular</li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>• Onset, duration,</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with mild or brief orthostatic</li> </ul>

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	<p>where the patient is unsteady on their feet or unable to walk without assistance</p> <ul style="list-style-type: none"> <li>• Sudden onset vertigo with other neurological signs or symptoms (e.g. dysphasia, hemiparesis, diplopia, facial weakness)</li> <li>• Barotrauma with sudden onset vertigo</li> </ul>	<p>migraine)</p> <ul style="list-style-type: none"> <li>• Vertigo with other neurological symptoms</li> </ul>	<p>characteristics and frequency of vertigo and associated symptoms</p> <p><b>Desirable</b></p> <ul style="list-style-type: none"> <li>• Results of diagnostic audiology assessment</li> <li>• Neuroimaging results</li> <li>• Details of any previous neurology assessments or opinions</li> <li>• Results of diagnostic vestibular physiotherapy assessment or Epley manoeuvre</li> </ul> <p>Description of any of the following:</p> <ul style="list-style-type: none"> <li>• Functional impact of vertigo</li> <li>• Any associated ontological or neurological symptoms</li> <li>• Any previous diagnosis of vertigo (attach correspondence)</li> <li>• Any treatments (medication and other) previously tried, duration of trial and effect</li> </ul>	<p>dizziness</p> <ul style="list-style-type: none"> <li>• Dizziness due to a medicine, hypoglycaemia or chronic fatigue syndrome</li> </ul>

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			<ul style="list-style-type: none"> <li>• Any previous investigations or imaging results</li> <li>• Hearing or balance symptoms</li> <li>• History of middle ear disease or surgery</li> </ul> History of any of the following: <ul style="list-style-type: none"> <li>• Cardiovascular problems</li> <li>• Neck problems</li> <li>• Neurological</li> <li>• Auto immune conditions</li> <li>• Eye problems</li> <li>• Previous head injury</li> </ul>	