



CRANIAL REFERRAL FORM

Please use this referral form to accompany your referral letter and imaging reports for non-emergent cranial conditions.

Patient Details

Last Name:		First name:	
Phone Number:		Address:	
Medicare No:		DOB:	

Referring Physician

Name:		First name:	
Practice Address:			
Phone:		Fax:	

Tick if appropriate

Clinical findings		Radiological Findings	CT	MRI
Severe headache?		Suspected Meningioma		
Nausea/vomiting?		Suspected Pituitary adenoma		
Vision disturbance?		Suspected acoustic Schwannoma		
Gait disturbance?		Incidental aneurysm < 4mm in size		
Cranial nerve deficit?		Incidental aneurysm > 4mm in size		
UL or LL motor deficit?		Other mass lesion < 2 cm		
Fevers / rigors?		Other mass lesion > 2 cm		
Unexplained weight loss?		Hydrocephalus		
Known malignancy		Chiari Malformation		
Known VP shunt in place?				

Symptom duration	<6 weeks	6-12 weeks	3 -9 months	9-18 months	>18 months
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Much intracranial pathology requires urgent management; please refer to our guidelines to see if your patient is suitable for outpatient review. Intracranial haemorrhages, mass lesions with significant mass effect or oedema, newly diagnosed cerebral malignancy or patients with neurological concern should be urgently referred. Please contact the emergency department or an on-call neurosurgery registrar via Concord switch board ph: (02) 9767 5000