AlfredHealth

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☐ Alfred ☐ Sandringham ☐ Caulfield

SPINE ASSESSMENT
for referrals to Neurosurgery New Spine Clinic, with initial Physiotherapy Assessment

Patient details			***mandatory fields**
Last name*		First name/s*	
Date of birth*		Sex at birth ☐ Female ☐ Male ☐ Other	
Address			
Telephone		Email	
Medicare		Ref No	

Results / imaging is mandatory to accompany this assessment and referral: MRI preferred, CT is acceptable.

Note: **Exclusion criteria** for our service:

- Treated for same condition at another Victorian public hospital
- Degenerative spine pain only, and no presence of limb pain or neurological deficit (**unless** *significant instability on imaging, ie severe malalignment or dynamic instability (movement on flexion/extension imaging) that potentially carries a risk of spinal cord or cauda equina compression)*
- Degenerative spine conditions where appropriate conservative strategies (*see below*) have not been optimised (in the absence of motor deficits)
- Scoliosis (refer to Orthopaedic Clinic)
- Under 18 years, unless previously treated at Alfred Health
- Patients not wanting to consider surgery

Condition history		
Dominant symptoms	☐ Cervical	☐ Thoracic
	☐ Lumbar	☐ Limb (arm/leg) ☐ Left ☐ Right ☐ Bilateral

Signs of neurological involvement		**Details**
Signs of upper motor neurone lesion *Eg Spasticity, ankle clonus, ataxia, hyperreflexia, Hoffman's sign*	☐ Yes	
Signs of cauda equina syndrome *Eg saddle paraesthesia, incontinence, urinary retention. bilateral lower limb symptoms*	☐ Yes	
Signs of lower motor neuron lesion *Eg loss of sensation, weakness, asymmetrical reflex loss*	☐ Yes	

Have conservative treatment / management options been trialled, where appropriate? *(Consider refreshers if of benefit and nil trialled within last 2 years)*				
	Exercise	☐ Yes	☐ No	☐ NA
	Physio / Chiro / Osteo	☐ Yes	☐ No	☐ NA
	Weight loss	☐ Yes	☐ No	☐ NA
	Pain programs	☐ Yes	☐ No	☐ NA
	Other, acupuncture, myotherapy, etc. *list*			

Non-conservative treatment	**Details**	**Efficacy** (*if known*)		
Injection/s *Eg, nerve root or facet, level, side*		☐ Nil	☐ Short Term	☐ Sustained
Date				
Spine surgery		☐ Nil	☐ Short Term	☐ Sustained
Date				

Sept 2024
Source: Alfred Health Connect

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Last name*		First name/s*	

Analgesia				
Current pain medication	☐ Paracetamol	☐ Anti-inflammatory	☐ Neuropathic	☐ Opioids
	☐ Other, *list*			
	Previous substance use ☐ Yes ☐ No			

Medical history		
History or suspicion of cancer		☐ Yes
History of recent trauma / suspected fracture		☐ Yes
Cauda equina (sacral nerve root impairment)	Saddle paraesthesia	☐ Yes
	Incontinence	☐ Yes
	Retention	☐ Yes
	Bilateral LL symptoms	☐ Yes
Rapidly deteriorating neurology (including new onset foot drop)		☐ Yes
Signs and symptoms of infection		☐ Yes
Unexplained weight loss *(greater than 5% over 4/52)*		☐ Yes
Night pain worse than day pain (severe, unrelenting)		☐ Yes
For Yes responses, provide details		

Investigations completed Attach full report.		Image provider name & image date must be available
MRI	☐ Yes	
CT	☐ Yes	
Nuclear bone scan	☐ Yes	
X-ray	☐ Yes	
Ultrasound	☐ Yes	
Nerve Conduction Study	☐ Yes	
FBC / CRP / ESR / relevant biochemistry	☐ Yes	

Doctor completing this assessment			
Name		Address	
Telephone		Fax	
Provider No		Date	

Return completed Spine Assessment, referral and results, to Neurosurgery Spine Clinic

op.referrals@alfred.org.au T: 9076 2025 F: 9076 6938

EMR: Referrals / Referral to Clinics

Sept 2024
Source: Alfred Health Connect

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