

## General Neurology Clinics

### RAH Campus

Phone: 1300 153 853

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- **A/Prof James Temlett**  
(Tues am)
- **Dr Sharavanan Parasivam**  
(Tues am)
- **Neurology Registrar/RMO**  
(Tues am, Wed am, Fri am)
- **A/Prof Tim Kleinig**  
(Fri am)
- **Dr Craig Kurunawai**  
(Fri am)

### TQEH Campus

Phone: (08) 8222 6239

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- **Dr Jessica Hafner** (Mon pm)
- **Dr Aaron Tan** (Wed am)
- **A/Prof Jim Jannes** (Tues am)
- **Neurology Registrar**  
(Mon am)

### Referral Criteria

Appropriate referrals include patients with a suspected neurological condition that does not fulfil the referral criteria for sub-specialty Neurology Clinics.

If a subspecialty clinic is only available at RAH campus and your patient lives in the catchment for QEH campus, they may be triaged to attend the General Neurology Clinic at QEH rather than a subspecialty clinic at the discretion of the triaging clinician.

Conditions which are **not** assessed by General Neurology Clinics include:

1. Patients under 18 years old
2. Syncope
3. Patient with typical tension-type/migraine headache who have not trialled *at least two prophylactic medications* (must be listed in the referral)
4. Chronic pain syndromes (consider referral to [Chronic Pain Unit](#))
5. Back or neck pain without neurological signs and/or normal imaging (consider referral to [Spinal Clinic](#) or [Chronic Pain Unit](#))
6. Substance abuse related seizures (consider referral to [Drug and Alcohol Services](#))
7. Sleep disorders, including narcolepsy (consider referral to [Respiratory/Sleep Medicine](#))
8. Review of neurological conditions for determination of fitness to drive (consider referral to [Rehabilitation Driving Fitness Assessment Clinic](#) (if related to chronic neurological disorder other than epilepsy), see boxed information [on assessment for driving in patients with epilepsy or seizures](#) if related to seizures)
9. Non-specific symptoms which may not be neurological (e.g. feeling lightheaded, poor concentration) (consider referral to General Physician if initial evaluation in primary care does not clarify situation)
10. Non-specific sensory symptoms not causing function impairment and/or not fitting a neuroanatomical territory (i.e. not fulfilling hemisensory loss, peripheral nerve distribution or sensory level from spinal cord pathology) (consider referral to General Physician if initial evaluation in primary care does not clarify situation)
11. Non-specific, non-disabling dizziness (consider referral to General Physician if initial evaluation in primary care does not clarify situation)

Where patients are of an advanced age (>80 years) and/or have significant co-morbidities (e.g. dementia), please consider if they would be more appropriately referred to a General Medical or [Geriatric Clinics](#)