



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	Aboriginal or Torres Strait Islander Status yes / no	
Interpreter required: yes / no	Language:	
Address		
		Postcode
Tel (home)	Tel (work)	Mobile

General practitioner details		
Name		
Clinic		
Address		
		Postcode
Tel	Fax	
Email		
Signature		

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		
Predominant side: right or left		High impact trauma			Foraminal narrowing		
Neurogenic claudication		Congenital			Root compression		
Focal myotomal weakness – arm/leg		Infection			Spondylolisthesis		
Myotomal distribution:					Instability		
Numbness, perianal and both legs		Neoplastic benign			Deformity		
Dermatomal distribution:					Spinal cord compression		
Myelopathy or spasticity		Neoplastic malignant			Cord signal change/syrinx		
<i>None of the above</i>		<i>None of the above</i>			<i>None of the above</i>		

Dominant symptoms:	Neck		Low back		Limb (arm/leg)	
Provisional Diagnosis:						

Previous Spinal Injections	Response:					
Epidural		Nil		Short-term		Sustained
Nerve block (foraminal)		Nil		Short term		Sustained
Facet joint		Nil		Short-term		Sustained
Pain medication used:		Simple Analgesia		Opioids		Neuropathic agents

Additional Information required:	Office use only (triage)	
Investigations – please attach copies of all relevant: <ul style="list-style-type: none"> • X-rays/scans • Specialist reports 	Clinical Score	
	Category	
Past Medical History - please attach summary of: <ul style="list-style-type: none"> • Medical history/comorbidities including BMI • Current medication list 	Date	
	Signature	
	Name and designation	

Form adapted from Shelly et al, A scoring system for effective triage of referrals: Spine Severity Score. The Spine Journal 10 (2010) 697-703.