

Neurosurgical Telehealth Consultation Request

PATIENT DETAILS

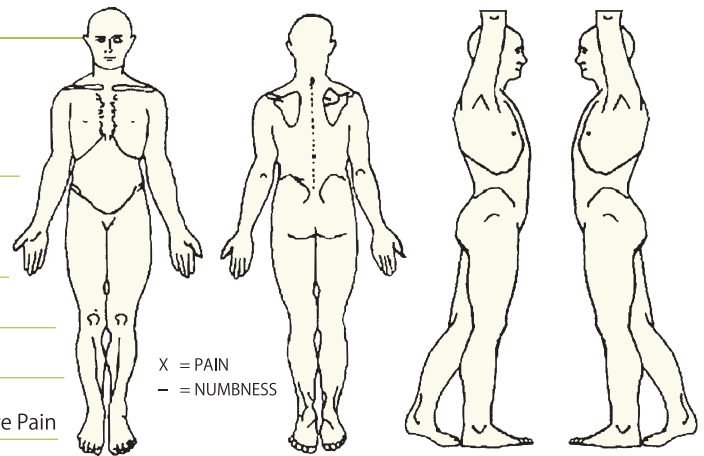
Name		Date	
Age	Contact No.	Initial Consultation	<input type="radio"/>
Occupation		Follow Up Consultation	<input type="radio"/>

PRESENTATION

Neck pain: > < Radiating: right arm > < left arm > <

Back pain: > < Radiating: right arm > < left arm > <

HPI:



Progressive Y N

VISUAL ANALOGUE SCORE Nil Pain 1 2 3 4 5 6 7 8 9 10 Severe Pain

HPI

Aggravation: _____ Distance able to mobilise: _____

Relieving Factors: _____ requires: 4WW Frame Stick Crutches

Fine Motor Skills: _____ Improvement with Recumbency: _____

Bladder/Bowels: Intact Incontinent

CONSERVATIVE TREATMENTS

Medication: Analgesics: Opioids NSAIDS Lyrica **Massage Therapy/Chiropractic:** Y N Successful: Y N

Injection: Facet/TFI/Epidural: Y N Successful: Y N **Physiotherapy:** Y N Successful: Y N

PAST SURGERY Spine Surgery: _____ Others: _____

PHYSICAL EXAM

Discomfort: None Mild Moderate Severe

R.O.M: Cervical N ↓ Lumbar N ↓

Sensory: **Fine Touch:** _____

Reflexes: BRJ BJ TJ O+ ++ +++ KJ AJ O+ ++ +++

Pathological: Hoffman +/- Plantar +/-

Gait: Normal Abnormal Not Tested

SLR: Right 15 30 45 60 75 90 Left 15 30 45 60 75 90

STUDIES: **X-ray** Date: / / Done at: _____

CT scan Date: / / Done at: _____

MRI Date: / / Done at: _____


R	L	(0-5 Power)
C5		Elbow flexors
C6		Wrist extensors
C7		Elbow extensors
C8		Finger flexors (distal phalanx of middle finger)
T1		Finger abductors (little finger)

R	L	
L2		Hip flexors
L3		Knee extensors
L4		Ankle dorsiflexors
L5		Long toe extensors
S1		Ankle plantar flexors

Referrer Name: _____ **Provider No:** _____

Address: _____

Signature: _____ **Phone:** _____

 Please fax completed form back to your local practice:

Parkes Diagnostic Imaging Fax: 02 6262 4499
 Cowra Diagnostic Imaging Fax: 02 6342 3307
 Young Diagnostic Imaging Fax: 02 6382 3833