Peninsula Health | Building a Healthy Community, in Partnership

REFERRAL GUIDELINES

Spasticity Management Clinic

Head of Unit: Dr Nathan Johns

Referrals: For faxed referrals, use the ACCESS referral form to 9784 2309

Clinic overview:

The spasticity clinic provides assessment and treatment of patients with focal spasticity from acquired brain injury, stroke, multiple sclerosis, cerebral palsy and other neurological disorders. Management will target issues pertaining to loss of function, muscle contracture prevention, pain minimization and carer burden reduction.

This is currently a monthly clinic.

Clinic Rehabilitation Physicians:
Dr Daniela Pasagic
Dr James Ting

Clinic location: Golf Links Road

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Spasticity issues at risk of contracture Increased fall risks Significant pain caused by spasticity	4 weeks
Category 2 Routine	Review	2-3 months
Emergency		

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT

PROGRAM DIRECTOR
Dr Nathan Johns

ENQUIRIES
Fax: 9784 2309
Phone: 1300 665 781

Review: September 2019

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Eligibility Criteria

Patients must live with Peninsula Health catchment area
Patient has a neurological diagnosis
Focal spasticity of upper and/or lower limb without contractures causing functional issues or pain

Exclusions

Established contractures
Generalized spasticity
Age < 16

Alternative referral options

Minimum Referral Information Required

Please note, referral cannot be processed if minimum information is missing)

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigation
  MANDATORY TEST INFORMATION HERE…

Clinic information

- **Times:** Second Wednesday of the month 13:00 – 16:30
- **Location:** 125 Golf Links Rd, Frankston 3199
- **Fax:** 9784 2316

Please Note; The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a

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referral has been received the patient is notified by mail of the date and time of her appointment

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