DBS Patient Referral Form

A/Prof Neil Mahant
Neurologist and Neurophysiologist
MBBS PhD FRACP

Referral to:

☐ A/Prof Mahant ☐ Dr. Nagaratnam ☐ Dr. Qiu

Patient Details

Full name: ..... Date of Birth: .....

Preferred language: ..... Private Health Insurance: Yes No

Email: ..... Provider: .....

Mobile: ..... Policy number: .....

Is an interpreter required: ☐ Yes ☐ No

Next of Kin

Name: ..... Relationship to patient: .....

Email: ..... Mobile: .....

Address: .....

General Practitioner + Neurologist

GP Name: ..... Neurologist Name: .....

Provider no.: ..... Provider no.: .....

TEL: ..... TEL: .....

Address: ..... Address: .....

Email: ..... Email: .....

☐ Fluctuating

☐ Tremor-dominant

Diagnosis

Parkinson's	Tremor	Dystonia	Other:
☐ Fluctuating	☐ Essential tremor	☐ Focal/Segmental	.....
☐ Tremor-dominant	☐ Dystonic tremor	☐ Generalised	.....
	☐ Orthostatic tremor	☐ Specific diagnosis:	

Most problematic symptoms: .....

Abilities at their best: .....

Abilities at their worst: .....

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Comorbidities

.....

.....

Exercise schedule and general level of fitness

.....

.....

Up to date Medication schedule

Medication Name	Dose	Times

Consideration of DBS assessment:

Is the patient's cognition affected? ☐ Yes ☐ No ☐ Unknown

☐ MoCA (Montreal Cognitive Assessment) ☐ ACE (Addenbrooke's Cognitive Examination)

☐ Other assessment .....

Please attach score sheet/raw data

☐ Hallucinations
☐ Freezing of giat
☐ Falls
☐ Severe speech difficulty

Patient's level of knowledge of DBS

☐ Extensive ☐ Moderate ☐ Minimal

How motivated is the patient to proceed?

☐ 0-50% ☐ 51%-90% ☐ 91-100%

Referring Practitioner Declaration

Name (Print): ..... Provider no.: .....

Address: ..... Email: .....

Tel: .....

Signature: ..... Date: .....

For an appointment to be secured, please email this referral to
mahantpracticenurse@gmail.com

Office use only

Referral received (date): ..... Provider no.: .....

Referrer informed of receipt of referral and awaiting triage (date): .....

Appointment Date/time: .....

Patient contacted (date): .....

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