**Movement Disorders Coordinator**

Western NSW Local Health District

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**REFERRAL FORM**

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| **PATIENT’s NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**AUID/MRN:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOWN:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**GP NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PRACTICE NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Aboriginal or Torres Strait Islander Origin: Yes No**  |
| **Has Verbal Consent for this referral and Information sharing been obtained from this person?** **Yes No** |
| **Referral Submitted by:****NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ROLE/ TITLE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ORGANISATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE of REFERRAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Referral Criteria:**This program is elegible to all people living in Western NSW LHD who are over the age of 21 and have a diagnosis of the following Movement Disorders (please tick) :Parkinson’s Disease Huntington’s DiseaseProgresive Supranuclear Palsy (PSP) Multiple System Atrophy (MSA)Corticobasal Syndrome (CBS) Other movement disorder please specifiy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The following neurodegenerative conditons will be also be accepted: Multiple Sclerosis (MS) Motor Neuron Disease (MND) |
| Please identify if this person is: At risk of hospitalisation Needing more information about their diagnosis or disease Needing more care co-ordination than can be provided by General Practice Having diffiuclty accessing and using the right services for their care Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the person have a Carer/Guardian? Yes No****Carer/guardian name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**GOALS and ACTIONS**

* Conduct a comprehensive, holistic, person centred assessment.
* Link the patient and family with appropriate community based services providing support for daily living and social needs.
* Assist the client to navigate health and disability systems.
* Help the patient/carer better understand all aspects if their disease across the disease continuum through health education and advice.
* Provide support to the patient and their family to develop self-management skills for their health and social needs
* Provide a link between client needs, primary health care, health professionals, social care providers and acute services.